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**KAISER PERMANENTE  
SAN FRANCISCO MEDICAL CENTER**

**INSTITUTIONAL MASTER PLAN**

**1994**

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SEP - 9 1994

SAN FRANCISCO  
CITY PLANNING COMMISSION  
NOTICE OF HEARING

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Notice is hereby given to the general public that the San Francisco Medical Center of Kaiser Permanente submitted an Institutional Master Plan Update involving the property described below to the Planning Department for review as set forth in the Planning Code Section 304.5. The City Planning Commission will hold a **PUBLIC HEARING** on this item and on other matters on **Thursday, October 13, 1994, beginning at 1:30 p.m. or later (call the Commission Secretary at 558-6422, Tuesday, October 11, 1994, or thereafter for a recorded message), in Room 282, City Hall.**

**93.599I:** The blocks bounded by Geary Boulevard, Divisadero Street, O'Farrell Street, and Lyon Street except for the northwest corner of Divisadero and O'Farrell Streets; 2139 O'Farrell Street on the south side between Broderick Street and Divisadero Street; 2350 Geary Boulevard on the north side of Geary Boulevard between Broderick Street and Baker Street (the Geary Campus of Kaiser's San Francisco Medical Center). The block bounded by Geary Boulevard, 5th Avenue, Anza Street and 6th Avenue (the French Campus of Kaiser Permanente).

Section 304.5 of the Planning Code provides for a 30 day public review period for the Kaiser Institutional Master Plan. The period between publication of this notice on September 2, 1994 and October 13, 1994 will constitute the required public review period for the Kaiser Institutional Master Plan. Copies of the Kaiser Institutional Master Plan will be available for public review at the City Planning Department's library, the San Francisco Main Library and several of the City's Branch libraries. Limited copies of the Kaiser IMP will also be available at the front counter of the City Planning Department located at 1660 Mission Street upon request.

For further information, call Lois Scott at (415) 558-6317 and ask about Case Number 93.599I.

Robert W. Passmore  
Assistant Director of  
Planning-Implementation  
(Zoning Administrator)  
Planning Department  
1660 Mission Street, 5th Floor  
San Francisco, CA 94103

9/2/94

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**KAISER PERMANENTE  
SAN FRANCISCO MEDICAL CENTER**



**INSTITUTIONAL MASTER PLAN**

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Kaiser Permanente, San  
Francisco Medical  
1994.

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MEMORANDUM

TO :

DATE :

SUBJECT :

1. The purpose of this memorandum is to

provide information regarding the

status of the project.

2. The project is currently in the

planning stage.

3. The project is expected to be

completed by the end of the year.

4. The project is being managed by

the project manager.

5. The project is being funded by

the company.

6. The project is being monitored

regularly.

7. The project is being reported

on a regular basis.

8. The project is being reviewed

periodically.

9. The project is being updated

regularly.

10. The project is being maintained

on a regular basis.

11. The project is being managed

effectively.

12. The project is being completed

on time.

19	Projected Mode Split for New New Person Trips AM and PM Peak Hour Geary Campus Year 2002	94
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## **1. EXECUTIVE SUMMARY**

### **1.1 INTRODUCTION**

This Institutional Master Plan (IMP) Update sets forth the future development plans for the Kaiser Permanente Medical Center in San Francisco for the next ten years, and conforms to Section 304.5 of the San Francisco Planning Code. Kaiser Permanente's Medical Care Program ("Kaiser") future plans are designed to bring its existing buildings into compliance with today's Building Code standards and to meet its critical need for additional space at its San Francisco Medical Center, which consists of the Geary Campus and the French Campus. In 1983, Kaiser established an ongoing relationship with community and neighborhood groups to resolve, cooperatively, issues concerning its day-to-day operation and future development. Prior to submittal of this document, Kaiser has met with community and neighborhood groups to discuss the direction of its development plans, and will continue to work with them as the development plans are implemented. The public comments on this IMP will allow Kaiser to address public concerns when actual development is proposed.

### **1.2 INSTITUTIONAL OVERVIEW**

As a qualified Health Maintenance Organization (hereinafter "HMO"), Kaiser is dedicated to providing comprehensive health care to its members for a predetermined, prepaid monthly fee. Its San Francisco Medical Center provides comprehensive health care to 171,000 (approximately 23%) San Francisco residents, and specialized medical services to its Bay Area members. Twenty-one percent (21%) of Kaiser's members are Medicare and Medi-Cal recipients. Kaiser also provides indigent care through its Emergency Department.

### **1.3 OBJECTIVES**

The objectives of Kaiser are to:

- provide comprehensive health care services needed by its members (except for dental) at an affordable cost;
- emphasize preventive care through health education and routine care;



- minimize the need for inpatient care by pioneering new outpatient services, such as telephone advice, outpatient therapies for AIDS patients, and early discharge for newborn babies;
- staff its San Francisco Medical Center at all levels to reflect the City's multi-ethnicity;
- construct or purchase new facilities to meet its current and projected space deficit; and
- provide health care services to its members in facilities owned by Kaiser.

#### **1.4 EXISTING FACILITIES**

Kaiser's San Francisco Medical Center consists of approximately 1,416,490 gross square feet (hereinafter "gsf"), owned by Kaiser, and located at the Geary and French Campuses, of which 171,450 gsf is used by Kaiser as outpatient clinic facilities. Additionally, Kaiser leases approximately 55,330 gsf near the Geary Campus. See Figure 1 for Regional Location Map, Figure 2 for Site Location Map, and Figures 3 and 4 for existing Property Location Maps. Kaiser's San Francisco Medical Center is licensed for 620 beds (323 at the Geary Campus and 297 at the French Campus). At present, Kaiser is using only 266 of these licensed beds due to seismic upgrade of the original Hospital Wing at the Geary Campus and the Acute Hospital at the French Campus.

##### **Geary Campus**

The Geary Campus is generally bounded by Geary Boulevard, Divisadero, O'Farrell and Lyon Streets, with satellite buildings on the north side of the 2300 block of Geary Boulevard, and on the south side of the 2100 block of O'Farrell Street. See Table 1 for addresses, uses and square footage of the buildings which form the Geary Campus.

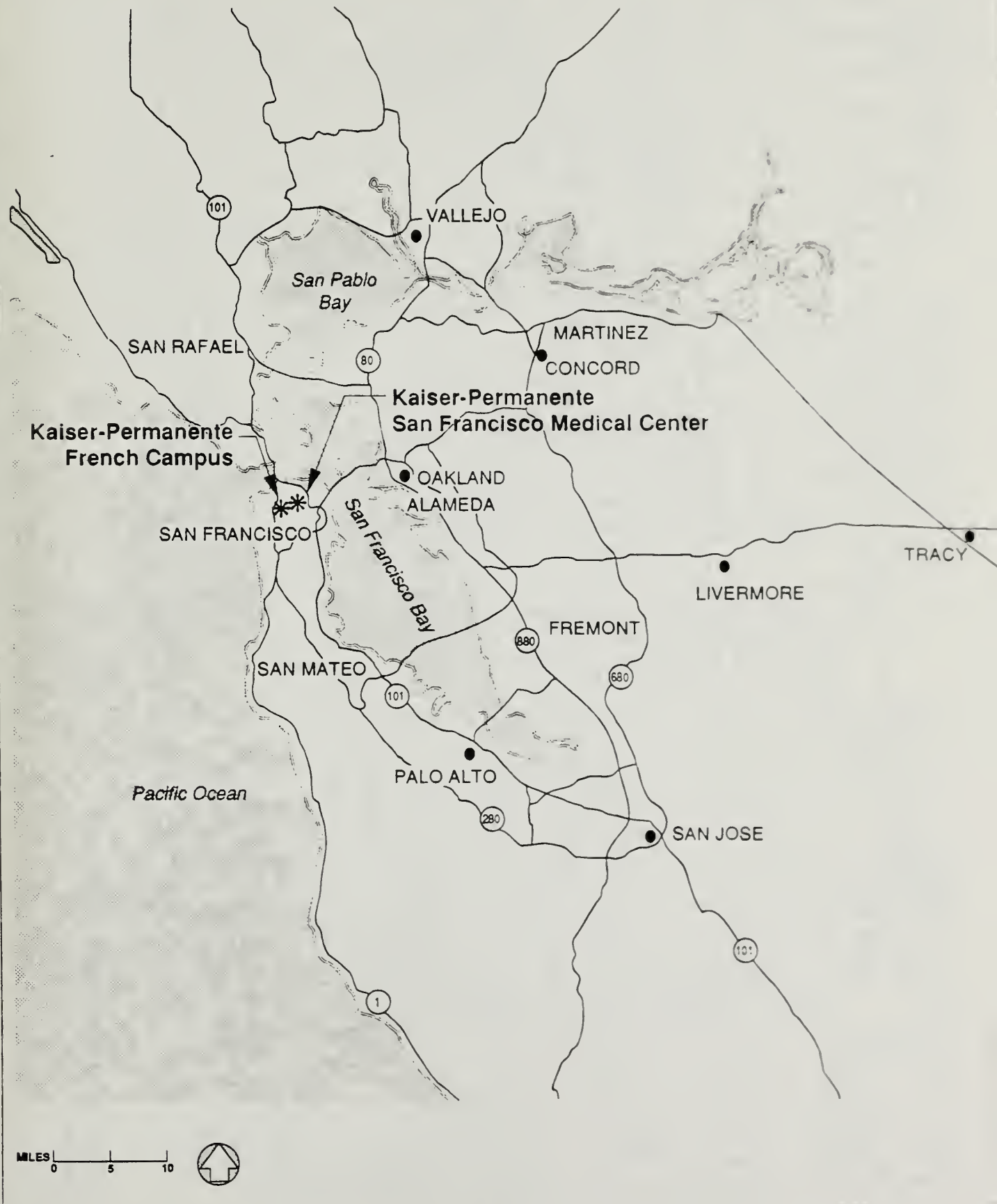
##### **French Campus**

Kaiser acquired the former French Hospital in 1989. This is now referred to as the French Campus of Kaiser's San Francisco Medical Center and is bounded by Geary Boulevard, Fifth Avenue, Anza Street and Sixth Avenue. See Table 2 for addresses, uses and square footage of the buildings which form the French Campus. Although the 4141 Geary Street Building is a medical office building, Kaiser purchased it subject to existing leases, and will not have use of this building until 1997, except for the ground floor and mezzanine, which have to be renovated for use as outpatient service spaces. Moreover, the existing building does not meet Kaiser standards and must be renovated after Kaiser gains possession of the upper floors.



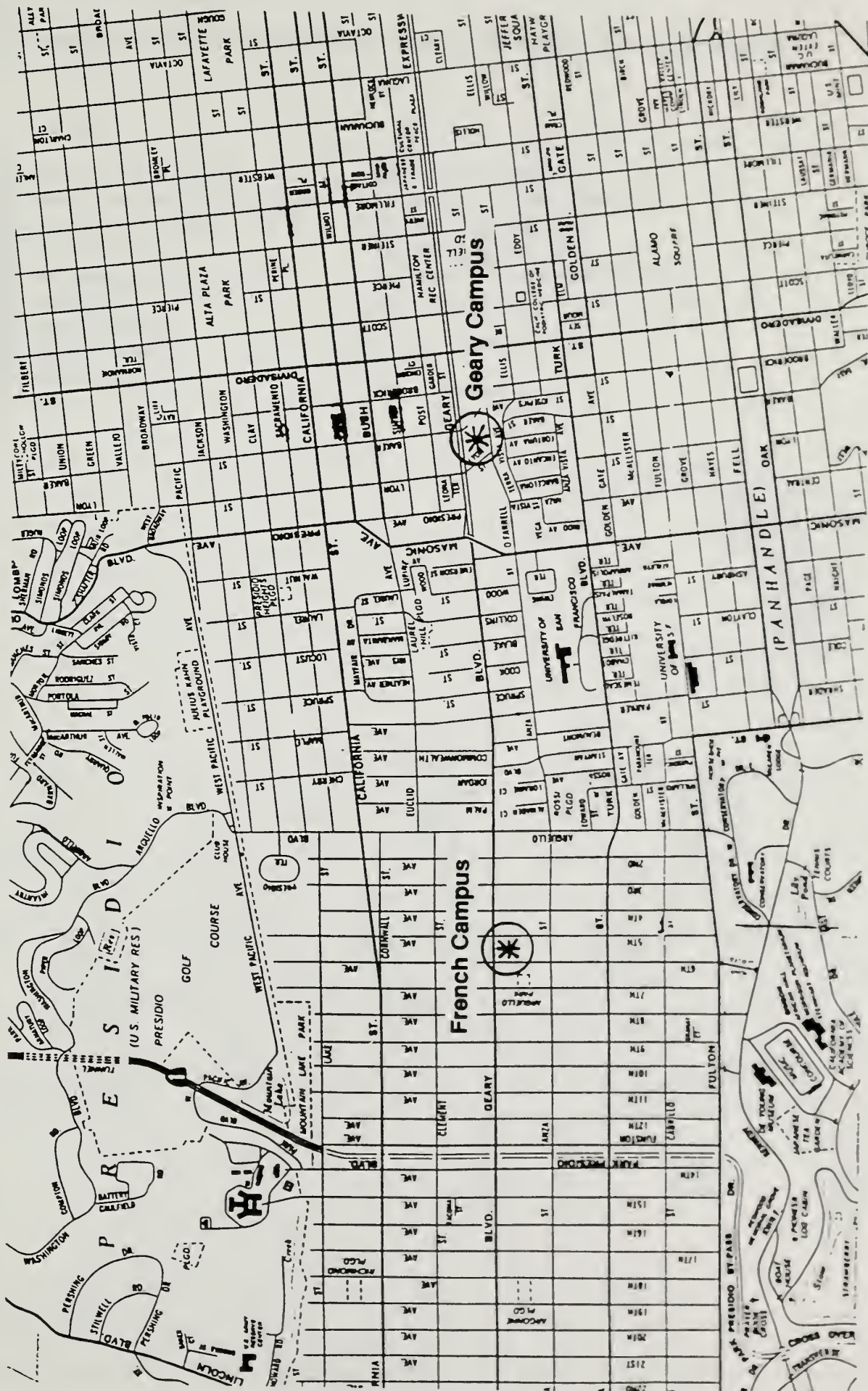


**Figure 1**  
**Regional Location Map**





**Figure 2**  
**French and Geary Site Locations**



Not To Scale


SOURCE: OMNI - MEANS

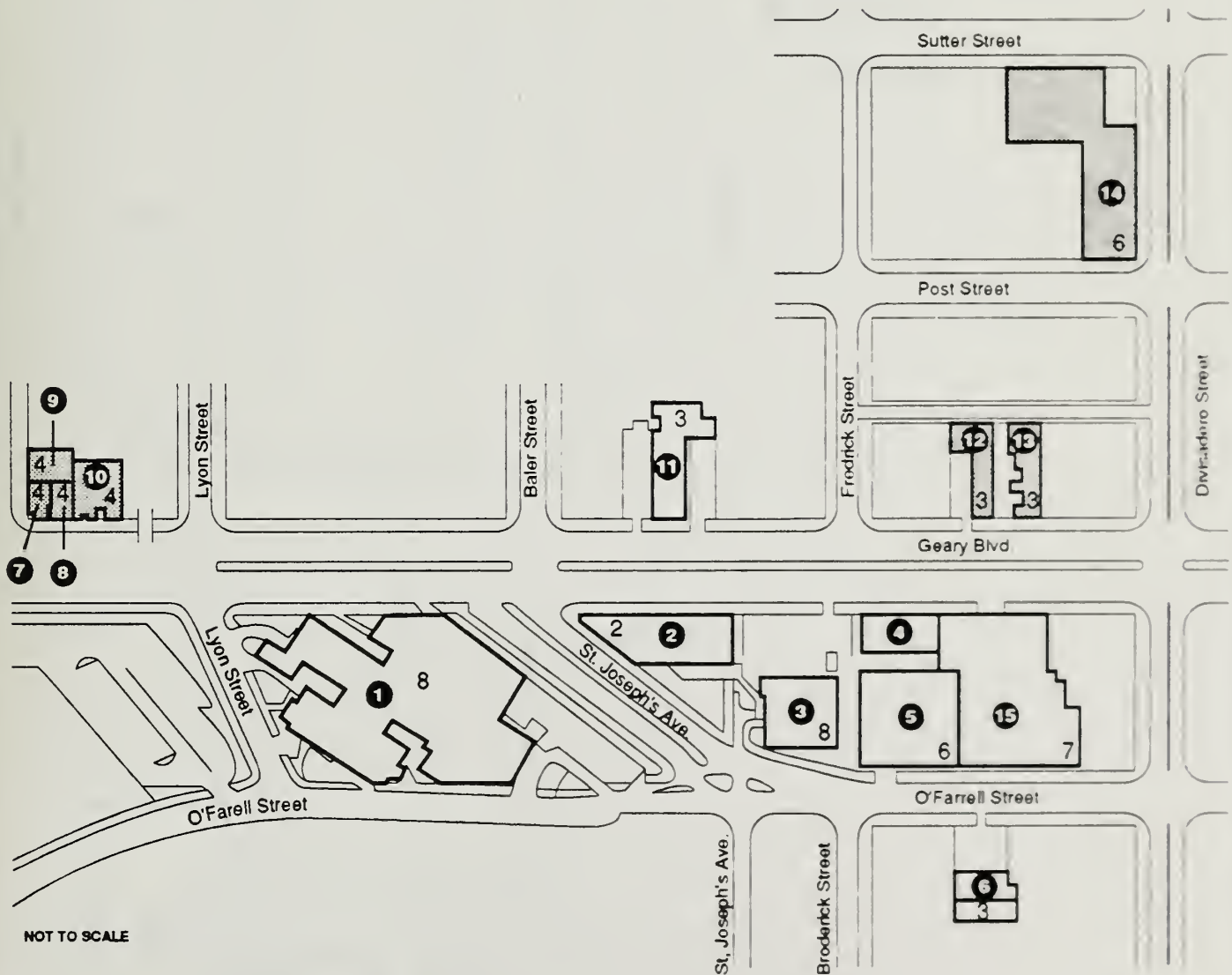




**Figure 3**  
**Existing Properties of San Francisco Medical Center: Geary Campus**

**LEGEND**

- |   |   |
|---|---|
| 1 Kaiser Hospital 2425 Geary            | 10 2560 Geary Bldg.                     |
| 2 Medical Office Bldg. 350 St. Joseph's | 11 Medical Office Bldg. 2350 Geary      |
| 3 Medical Office Bldg. 2200 O'Farrell   | 12 2280 Geary Bldg.                     |
| 4 Annex Office Bldg.                    | 13 2266 Geary Bldg.                     |
| 5 Parking Garage 2190 O'Farrell         | 14 Medical Office Bldg. 1635 Divisadero |
| 6 2139 O'Farrell Bldg.                  | 15 O'Farrell Garage and Parking Garage  |
| 7 2590 Geary Bldg.                      |   |
| 8 2580 Geary Bldg.                      |   |
| 9 924 Presidio Bldg.                    |   |
-  Leased Space  
 6 Height in Stories



SOURCE: OMNI-MEANS





**Figure 4**  
**Existing Properties of San Francisco Medical Center: French Campus**

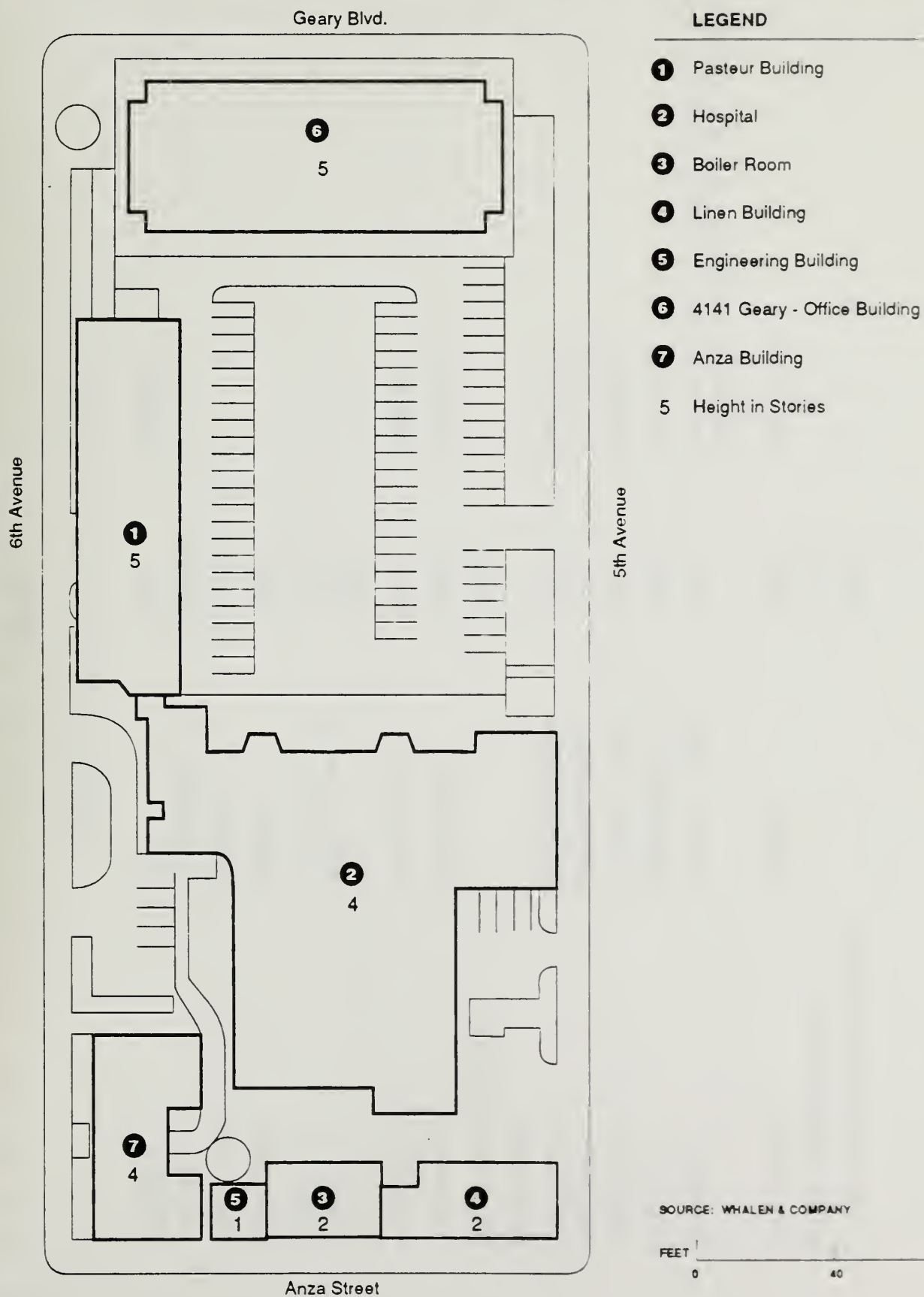




TABLE 1

## EXISTING BUILDINGS OF THE GEARY CAMPUS

<u>ADDRESS</u>	<u>USE</u>	<u>GSF</u>	<u>REMARKS</u>
2425 Geary	Acute Hospital	336,430	
2200 O'Farrell	Outpatient	105,410	
350 St. Joseph	Outpatient	31,340	
2350 Geary	Outpatient	29,280	
2139 O'Farrell	Outpatient Services	<u>5,420</u>	
SUBTOTAL		507,880	
2190 O'Farrell	Parking Garage	163,340	486 spaces
2130 O'Farrell	Parking Garage	<u>247,162</u>	550 spaces
TOTAL OWNED SPACE		918,380	
<u>Leased Spaces</u>			
2580 Geary	Outpatient Services	4,650	leased space
2560 Geary	Outpatient Services	3,770	leased space
2280 Geary	Outpatient Services	5,210	leased space
2266 Geary	Outpatient Services	7,830	leased space
2300 Geary	Construction Offices	1,400	this space is on a short-term lease for Kaiser's construction management staff normally located in Berkeley
1635 Divisadero	Outpatient	<u>32,470</u>	leased space
TOTAL LEASED SPACE		55,330	
TOTAL GSF OF GEARY CAMPUS		973,710	





TABLE 2  
EXISTING BUILDINGS OF THE FRENCH CAMPUS

<u>ADDRESS</u>	<u>USE</u>	<u>GSF</u>	<u>REMARKS</u>
4141 Geary	Outpatient	77,470	due to existing lease obligations assumed as part of the purchase, Kaiser has limited access to this building until 1997
4131 Geary	Acute Hospital (78 beds)	116,800	
Pasteur Building	Admin/Outpatient	47,400	
Anza Building	Offices	13,810	
Boiler Building	Central Plant	6,700	
Linen Building	Laundry	6,830	
Engineers Building	Maintenance	<u>390</u>	
SUBTOTAL		269,430	
Basement	Parking Garage	<u>228,650</u>	two levels, 244 spaces
TOTAL GSF		498,080	



## Chemical Dependency Program

Additionally, Kaiser's Regional Office, at the request of major employers of the City, has opened a 10,510 gsf Chemical Dependency Recovery Program in leased ground floor space at 1201 Fillmore Street.

### 1.5 NEED FOR EXPANSION

Kaiser's existing facilities fall short of meeting the current demand, with outpatient and support services most acutely affected. In addition, Kaiser's long term goal is to provide services required by its members in facilities owned by Kaiser. With the acquisition of the French Campus and completion of the new North Wing at the Geary Campus, Kaiser anticipates that it will have sufficient in-service bed capacity to meet its projected inpatient needs for the next ten years.

Currently, with 299 physicians, Kaiser requires a total of 388,700 square feet ("sf") of outpatient space (at a planning ratio of 1,300 sf per physician). Kaiser has control of approximately 171,450 gsf of owned outpatient facilities today. The required outpatient clinic space will increase to 436,800 gsf by 1997, and 531,700 gsf by 2002. The current outpatient clinic space deficit is about 217,250 gsf, with an additional projected deficit of 48,100 gsf (or a total of 265,350 gsf) by 1997, and an anticipated deficit of another 94,900 gsf (or a total of 360,250 gsf) by 2002. See Table 3 for a summary of current and future needs.

The current and projected needs are the result of the following factors:

- Increased Outpatient Demands Increased demand for outpatient services is generated in part by an aging membership, AIDS patients, and high risk newborns.
- Advances in Medical Technology New medical diagnostic and therapeutic technologies require additional space for equipment and professional staff.
- Increased Emphasis on Prevention Expanding health care education requires more classroom and staff space.
- Enrichment Goal Increase the physician-to-member ratio to ensure quality care for its members requires concomitant space expansion.
- Expanding Membership Although Kaiser's membership increased by 14,600 between 1983 and 1992, its facilities have not been adequately expanded to meet the added demand. Kaiser currently projects an increase of 15,000 members over the next ten (10) years.





TABLE 3

SAN FRANCISCO MEDICAL CENTER  
CURRENT AND FUTURE PLANNING DATA

	1992			1997			2002		
	Geary	French	Total	Geary	French	Total	Geary	French	Total
Physicians	279	20	299	262	74	336	310	99	409
In-Service Beds	228	78	306	309	112	421	309	112	421
Owned Bldg Space (exclusive of garage)	507,880	269,300	777,310	526,540	307,250	833,790	636,540	342,250	978,790
Leased Space <sup>1</sup>	55,330	--	55,330	--	--	--	--	--	--
Space Deficit with No Action (sq. ft.)	(186,050)	(31,200)	(217,250)	(169,150)	(96,200)	(265,350)	(231,550)	(128,700)	(360,250)
Space Deficit with Plan Action (sq. ft.)	(186,050)	(31,200)	(217,250)	(150,490)	(21,580)	(172,070)	(102,890)	43,700	(99,190)
Parking Supply with No Action (spaces)	1,092	150	1,242	1,163	317	1,470	1,163	317	1,480
Peak Parking Demand (spaces)	1,197	357	1,554	1,342	399	1,741	1,499	446	1,945
Peak Parking Deficit <sup>2</sup>	105	207	312	175	82	271	336	129	565

<sup>1</sup> It is Kaiser's plan to replace all leased space with owned facilities after 1997.

<sup>2</sup> Assumes total utilization of the Geary Campus parking garages.



- Regulatory Requirements Increased staffing and space requirements mandated by the State require additional space.
- Alternatives To Inpatient Care Innovative outpatient care programs have allowed Kaiser to minimize inpatient care. In 1988, Kaiser projected that demand by AIDS patients for inpatient care would result in a shortage of operational beds. Implementation of new outpatient care programs and expanded use of home health and managed care services have allowed patients who would otherwise be hospitalized to lead independent lives at home for as long as possible. These innovative outpatient care programs have resulted in no projected need for expansion of its inpatient hospital facilities for the next ten years. However, these outpatient care programs have shifted the need from more inpatient facilities to increased space needs for outpatient services.

#### 1.6 FACILITY RENOVATION/EXPANSION PLANS FOR FIVE AND TEN YEARS

Kaiser's primary objective is to meet all its outpatient space needs on the Campuses and/or on land or buildings to be acquired by Kaiser. Preferably, any off-campus locations would be adjacent to or near each of the Campuses in order to avoid duplication of equipment and to maintain affordable health care rates.

Upon completion of the Five-Year Plan (1997), Kaiser expects to have:

- 421 inpatient bed capacity (309 at the Geary Campus and 112 at the French Campus);
- 336 physicians (262 at the Geary Campus and 74 at the French Campus);
- 3,500 full-time equivalent non-physician employees;
- an approximate total of 1,472,970 gsf of owned space, consisting of 500,630 gsf of inpatient facilities, 264,730 gsf of outpatient clinic space, and 639,180 gsf of garage space;
- a deficit of about 172,070 gsf of owned outpatient space.

Upon completion of the Ten-Year Plan (2002), Kaiser projects that it would have:

- no increase in the number of inpatient beds;
- 409 physicians (310 at the Geary Campus and 99 at the French Campus);
- 4,000 full-time equivalent non-physician employees;





- an approximate total of 1,617,970 gsf of owned space, consisting of 500,630 gsf of inpatient facilities, 432,510 gsf of outpatient clinic space, and 639,180 gsf of parking garages;
- a deficit of about 99,190 gsf of outpatient space.

The projected construction programs are presented in Tables 4 and 5.

### **Geary Campus**

To meet the need for additional outpatient service space, Kaiser is examining the following alternatives, any of which could be implemented alone or in conjunction with all or part of the other options:

- demolish one or more of the existing buildings and construct new buildings on the block bounded by Geary Boulevard, St. Joseph Avenue, O'Farrell Street and Divisadero Street;
- redevelop or renovate the existing building at 2139 O'Farrell Street; and
- locate and negotiate for lease or purchase of sites adjacent to the Geary Campus.

Kaiser entered into negotiation for the purchase and/or lease of the Proposition K site. Although negotiation for the Proposition K site has reached an impasse, the parties have agreed to mediation. No other alternative sites have been identified adjacent to the Geary Campus for the required outpatient services for this Campus.

### **French Campus**

To meet the need for additional outpatient services space, Kaiser intends to:

- construct a new building opposite the Pasteur Building;
- renovate the Linen Building for a new Mechanical Plant;
- enlarge the mezzanine floor of the 4141 Geary Building into a full floor;
- demolish one or more of the buildings located at the southern end of the Campus and construct new buildings.

No alternative sites have been identified adjacent to the French Campus for the required outpatient services for this Campus.





TABLE 4

## SUMMARY OF FIVE AND TEN YEAR PLANS FOR GEARY CAMPUS

<u>ADDRESS</u>	<u>GSF(E)</u>	<u>GSF</u> <u>1997</u>	<u>GSF</u> <u>2002</u>	<u>5 YEAR</u> <u>PLAN</u>	<u>10 YEAR</u> <u>PLAN</u>
2425 Geary (Inpatient & Clinics)	336,430	336,430	336,430	x	
2350 Geary (Outpatient)	29,280	29,280	29,280		
2200 O'Farrell <sup>3</sup> (Outpatient)	105,410	105,410	105,410	x	x
350 St. Joseph <sup>4</sup> (Outpatient)	31,340	0	110,000		x
Texaco Site (Outpatient)	0	50,000	50,000	x	
2139 O'Farrell (Outpatient)	5,420	5,420	5,420	x	
SUBTOTAL	507,880	526,540	636,540		
2190 O'Farrell Garage	163,340	163,340	163,340	x	
2130 O'Farrell Garage	<u>247,160</u>	<u>247,160</u>	<u>247,160</u>	x	x
GARAGE SUBTOTAL	410,500	410,500	410,500		
TOTAL GSF	918,380	937,040	1,047,040		

<sup>3</sup> If Kaiser is able to negotiate for a 250,000 gsf building at the Proposition K site, then upon its completion, Kaiser will demolish the 2200 O'Farrell and the 350 St. Joseph buildings.

<sup>4</sup> The proposed building will be constructed on ground presently occupied by 350 St. Joseph and the parking lots behind the 2200 and 2190 O'Farrell buildings.



TABLE 5

## SUMMARY OF FIVE AND TEN YEAR PLANS FOR FRENCH CAMPUS

<u>ADDRESS</u>	<u>GSF(E)</u>	<u>GSF</u> <u>1997</u>	<u>GSF</u> <u>2002</u>	<u>5 YEAR</u> <u>PLAN</u>	<u>10YEAR</u> <u>PLAN</u>
4141 Geary <sup>5</sup> (Outpatient)	77,470	85,000	85,000	x	x
4431 Geary (Inpatient)	116,800	116,800	116,800		x
Pastuer Building (Inpatient)	47,400	47,400	47,400	x	
Anza Building	13,810	0		x	x
Boiler Building	6,700	0	35,000	x	x
Engineers Building	390	0		x	x
Linen Building (Central Plant)	6,830	10,650	10,650	x	
New East Wing (Outpatient)	0	47,400	47,400	x	
SUBTOTAL GSF	289,400	307,250	342,250		
Parking	228,680	228,680	228,680		
TOTAL GSF	498,080	535,930	570,930		

<sup>5</sup> This building is not available to Kaiser due to assumption of existing lease obligations. Extension of the mezzanine into a full floor and conversion of part of the ground floor retail space will provide approximately 27,220 gsf of outpatient clinic service space by 1997. Kaiser will not gain control of the offices on the upper floors until 1997, at which time the upper floors will be renovated to meet Kaiser standards.





## 1.7 TRANSPORTATION AND PARKING

Kaiser allocates its on-site parking spaces at both Campuses with priority given to patients/visitors and carpools, with the remaining spaces for employees. At present, Kaiser has a total of 1,242 parking spaces on both Campuses. The Geary Campus has 1,137 parking spaces, of which 1,092 spaces are available, located mainly at 2130 and 2190 O'Farrell Street. The French Campus has a total of 339 parking spaces, of which 272 spaces are located in the basement parking garage, with the remainder located on surface lots. However, only 150 of the parking spaces at the French Campus are currently available to Kaiser; the remaining 189 parking spaces are used by the non-Kaiser physician tenants occupying the 4141 Geary Medical Office Building because of existing lease obligations assumed at the time of purchase. Therefore, Kaiser currently has, under its control and management, 1,242 available parking spaces at both Campuses. Additionally, Kaiser has 64 spaces at 1635 Divisadero Street, and seven (7) spaces at 2280 Geary Boulevard, as part of its leases.

The 1987 Final Environmental Impact Report for the North Wing of the Hospital and a new garage at the Geary Campus projected an off-street parking demand of 1,301 spaces for the Medical Center, which consisted of only the Geary Campus at that time. To meet the anticipated deficit of 753 off-street parking spaces, Kaiser had proposed to construct a 1,000-car garage at 2130 O'Farrell Street in its 1983 IMP. This proposal was rejected by the City Planning Commission. Kaiser was requested to decrease the size of the garage to accommodate only 550 cars. Although the completion of the 2130 O'Farrell Street Garage in 1991 has substantially lessened on-street parking demand by employees, patients and visitors to the Medical Center, a deficit of off-street parking spaces currently exists at the French Campus. The parking deficit is projected to increase for year 2002, if no additional off-street parking facility is constructed.

The existing projected off-street parking deficit has been reduced by aggressive implementation of Kaiser's Transportation Systems Management (TSM) Program. The TSM Program has reduced the off-street parking demand by Kaiser employees and has increased employees' use of public transit and carpools by 27% from the 1983 level. It is anticipated that implementation of the TSM Program will continue to shift the travel mode toward use of transit and carpools by subsidizing MUNI "Fast-Passes" sold to employees, and by providing free off-street parking to employees participating in carpools.



## 1.8 ENVIRONMENTAL IMPACTS OF THE EXPANSION PLANS

The potential environmental impacts of Kaiser's Five- and Ten-Year Plans are:

- Air Quality Construction activities may cause an increase in the emission of total suspended particulate matter, which can be mitigated by watering the construction site(s) as necessary.
- Air Quality Increased traffic may add to the background level of pollutant emissions.
- Parking Increased parking demand may adversely affect on-street parking availability in the project vicinity if insufficient off-street parking facilities are constructed as part of the new buildings.
- Public Services Expansion of Kaiser facilities would create additional demand for public services.
- Energy Expansion of Kaiser facilities would increase energy consumption.





## 2. INTRODUCTION

### 2.1 PURPOSE OF IMP

This IMP is prepared in accordance with the requirements of Section 304.5 of the San Francisco Planning Code. The Planning Code outlines three principal purposes for preparing an IMP:

- to provide notice and information to the Planning Commission, other public and private agencies, neighborhood organizations, and the general public, of the medical institution's anticipated future plans, in order to provide for early and meaningful involvement;
- to enable the institution to modify its Master Plan in response to comments made in public hearings and prior to any request for public agency authorization of new development proposed in the IMP; and
- to provide the City with information that may guide its land use and public service decisions in the vicinity of the medical institution.

This document discusses Kaiser's current programs and facilities in San Francisco, the institution's long-range development projected to occur over the next ten (10) years, and the potential impacts of such development on the surrounding neighborhoods.

### 2.2 HISTORY OF KAISER IMP

Kaiser's first IMP was submitted to the City Planning Department in November of 1978. A comprehensive update was submitted in July, 1983, prior to the construction of the Geary Campus North Wing Expansion and the 2130 O'Farrell Street Parking Garage. Public hearings on the 1978 and 1983 IMPs were held by the Planning Commission. Subsequent updates identifying minor construction projects were filed with the City. The 1983 IMP identified, as its short-range plan, the construction of a new North Wing for the Geary Campus, and for its long-range plan, the construction of approximately 110,000 gsf of outpatient service facilities, the construction of 1,000 additional off-street parking spaces, and renovation of the existing Hospital. Construction of the North Wing Addition, and renovation of the East Wing were completed in 1992, and the construction of the 550-car 2130 O'Farrell Street Parking Garage was completed in 1991. However, no additional outpatient service facilities were constructed or purchased by Kaiser.



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This IMP is the second comprehensive update as a consequence of the changing needs of Kaiser's membership, and new approaches to providing health care. San Francisco's Planning Code requires only that the Planning Commission hold informational public hearings on IMPs. No action is required of the Planning Commission.

Kaiser's projected, foreseeable growth is designed to:

- meet the current outpatient space deficit;
- meet the needs of an increased membership over the next ten (10) years, and the changing characteristics of its members;
- replace leased space with owned space; and
- improve the quality of health care to its San Francisco members, with as little impact on the surrounding areas as possible.

This document is intended to be a working document. This IMP is based on Kaiser's current space deficit, projected space needs, a composite of its historic membership growth rate, and management of inpatient care. As with any responsive and dynamic institution, Kaiser's Master Plan will continue to evolve in order to meet its membership needs, and to take advantage of previously unforeseen opportunities. Kaiser's IMP will be updated and revised as necessary to reflect the anticipated future needs of the Medical Center, its membership, and the community. For instance, this IMP does not take into consideration health care programs that may be mandated by future federal or state legislation.

### 2.3 HISTORY OF KAISER'S COMMUNITY INFORMATION PROGRAM

In 1983, a Community Task Force (Task Force), composed of neighborhood groups concerned with the Geary Campus, was formed to work with Kaiser to implement the proposed North Wing Addition and Parking Garage projects. The Task Force serves as the focus of Kaiser's continuing dialogue with community and neighborhood groups to discuss expansion of the Medical Center, and to resolve issues arising out of its day-to-day operations. The Task Force has been expanded to include community groups concerned with the French Campus. A list of the members of the Task Force is attached as Appendix 1.

Additionally, Kaiser sends newsletters to its members in San Francisco to inform them of Kaiser's future plans. Kaiser also conducts periodic door-to-door visits with its immediate neighbors, and meets individually with interested persons, community groups, businesses and labor unions upon request.

1975/1976

1976/1977

1977/1978

1978/1979

1979/1980

1980/1981

1981/1982

1982/1983

1983/1984

1984/1985

1985/1986

1986/1987

#### 2.4 COMMUNITY PARTICIPATION IN PREPARING THE IMP

Prior to submitting a draft IMP to the City Planning Department in August, 1993, Kaiser met with the Task Force and solicited their input. At the request of the Task Force members, Kaiser developed massing models for different development schemes at the Geary Campus, including development schemes suggested by members of the Task Force. Kaiser also met with those Task Force members who were desirous of discussing the technical aspects of the IMP more in depth. As a result of these meetings, the IMP was revised to incorporate the comments of the Task Force members.

Members of the Task Force also expressed their opinions that the design of new structures along Geary Boulevard should be broken into discrete segments so as to avoid a massive and uninteresting street wall. Another concern expressed by the Task Force is that sufficient off-street parking be developed in conjunction with new construction to ensure that parking demand generated by its new construction is met. Kaiser will present to the Task Force members the Master Plan for the Geary Campus, and the design of any new construction. Kaiser will continue to work closely with the Task Force to bring its Five-Year and Ten-Year Plans to fruition.





### 3. INSTITUTIONAL OVERVIEW

#### 3.1 THE KAISER PERMANENTE MEDICAL CARE PROGRAM

Kaiser is the largest Health Maintenance Organization (HMO) in the United States, with 12 service regions in 16 states, and over 6,000,000 total members. The San Francisco Medical Center is in the Northern California Service Region. Each of the service regions is a federally qualified HMO, as defined by the HMO Act of 1973. As of 1992, the San Francisco Medical Center had approximately 2,600 health care professionals and employees serving about 171,000 San Francisco residents (or 23% of the City's population). Approximately 21% of Kaiser's membership are Medicare or Medi-Cal recipients. Indigent care is provided by Kaiser's Emergency Department.

Kaiser delivers comprehensive health care services to its members for a fixed, prepaid fee. Kaiser's approach to health care is based on the following philosophies:

- use group medical practice as the focus of a planned program of integrated health care services;
- provide a complete range of medical services, with emphasis on preventive care, and the early detection of disease; and
- provide affordable, high quality medical care to its members through a stable prepayment system.

#### 3.2 HISTORY OF GROWTH

##### 3.2.1 Development of Kaiser in the Northern California Region

During World War II, Kaiser created a prepaid industrial health care program for its shipyard workers in Richmond, California. When the war ended, the program was opened to community enrollment in response to demand of participating workers and health professionals. Since its inception, the number of medical centers (hospitals and ancillary services), and separate outpatient service complexes, have paralleled increases in membership in the Northern California Region.

Today, Kaiser operates 16 Hospital-Based Medical Centers (including San Francisco), and 13 independent Outpatient Service Complexes in this Region. In 1992, the Northern California Region served a total membership of more than 2,400,000 people (approximately 29% of the Bay Area population), and had approximately 3,280 physicians and 26,500 employees. Continued growth and expansion in this Region is anticipated.



### 3.2.2 Development of The San Francisco Medical Center

In 1946, Kaiser leased its first outpatient buildings in San Francisco on Market Street. With the group enrollment of 7,500 workers at the Hunters Point Shipyard, Kaiser purchased and operated the former Harbor Hospital from 1947 to 1954. In 1954, construction of the Hospital at 2425 Geary Boulevard was completed, which became the nucleus of today's San Francisco Medical Center.

In the 1960s, Kaiser purchased land from the San Francisco Redevelopment Agency (SFRA) in the Western Addition A-1 area, and constructed the 2190 O'Farrell Street Garage and the outpatient physician's building at 2200 O'Farrell Street. When the Pontiac dealership (350 St. Joseph Avenue) relocated, Kaiser purchased the site and renovated the one-story building for administrative and engineering support offices for the Hospital. In 1985, Kaiser exchanged land with Sinai Memorial Chapel, demolished the old dry cleaning and storage building, and constructed the new 2130 O'Farrell Street Parking Garage. In 1992, Kaiser acquired the former Texaco Station site located at the southeast corner of Geary Boulevard and Divisadero Street.

Today, the Geary Campus consists of the buildings on the blocks bounded by Geary Boulevard, Divisadero, O'Farrell, and Lyon Streets (except for the residential building at Divisadero and O'Farrell Streets), and the buildings located at 2139 O'Farrell Street and 2135 Geary Boulevard. Together, these buildings consist of 1,416,490 gsf, including 639,180 gsf of parking garages. In addition, Kaiser presently leases 55,330 gsf of offices near the Geary Campus. Table 6 lists the existing buildings on the Geary Campus, their dates of completion and uses. Additionally, the obstetric/gynecology (OB/GYN) outpatient services are housed in temporary trailers, consisting of approximately 7,280 gsf, located at the 350 St. Joseph Street Building parking lot.

In 1989, Kaiser acquired the former French Hospital located at 4131 Geary Boulevard. In 1991, Kaiser acquired the detached Medical Office Building at 4141 Geary Boulevard, consisting of 77,470 gsf. Together, these structures compose the French Campus, located in the block bounded by Geary Boulevard, 5th Avenue, Anza Street and 6th Avenue, consisting of approximately 498,080 gsf of space. The existing buildings on the French Campus, their date of completion and uses are presented in Table 7.

Table 8 presents the location of leased facilities, their uses and lease periods.





TABLE 6

## USE AND COMPLETION DATE OF GEARY CAMPUS BUILDINGS

<u>ADDRESS</u>	<u>COMPLETED</u>	<u>USE</u>
2425 Geary Boulevard	1954	Acute Hospital
	1966	77-Bed East Wing Addition
	1969	Addition of Emergency Department
	1992	North Wing and East Wing Addition
2350 Geary Boulevard	1955	Outpatient Building
2139 O'Farrell Street	1980	Medical Research Building, now Administrative and Support functions
2200 O'Farrell Street	1984	Outpatient Physician Building
2130 O'Farrell Street	1985	486-Car Parking Garage
350 St. Joseph Avenue	1977	Outpatient Physician Building
2190 O'Farrell Street	1991	550-Car Parking Garage



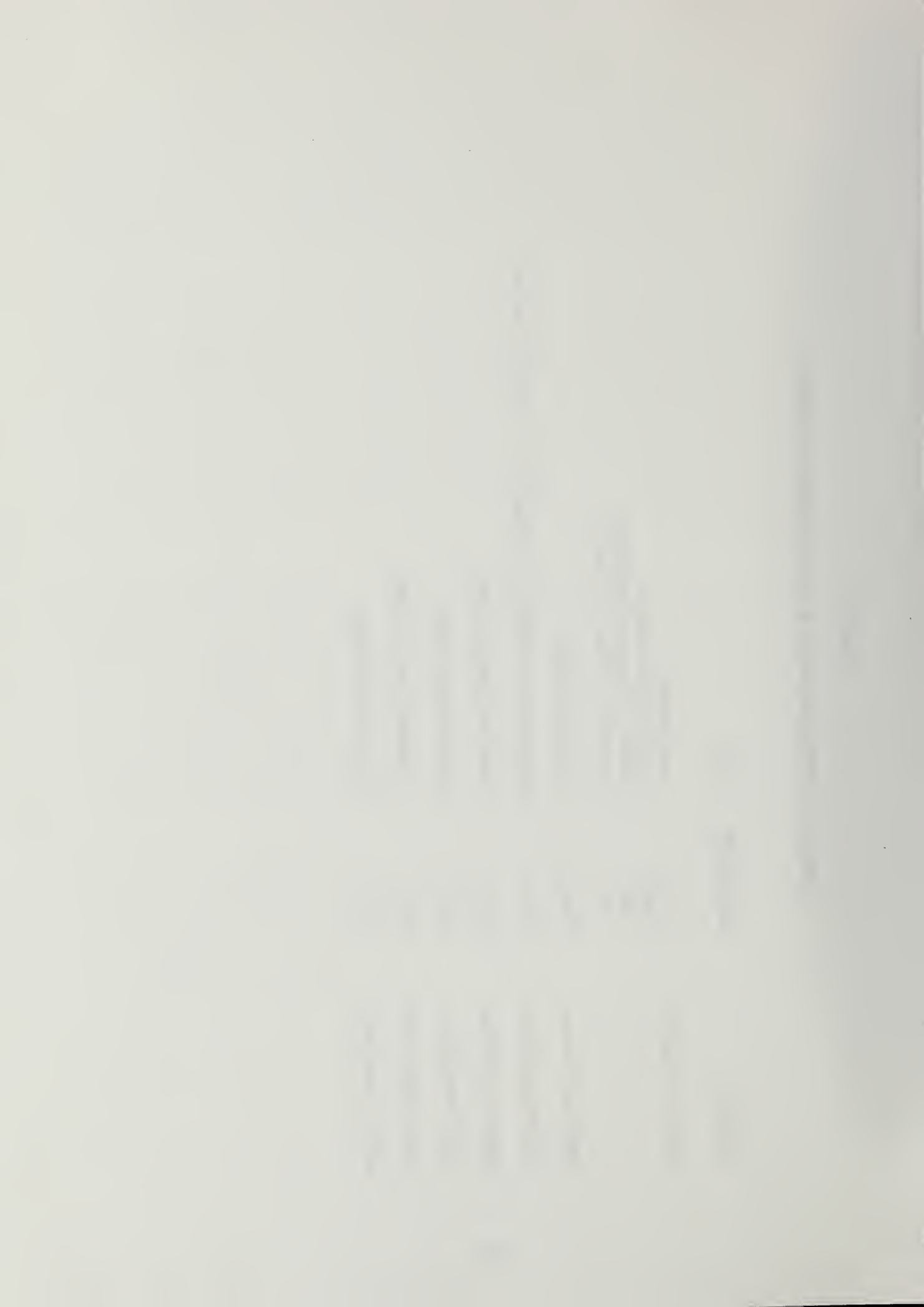


TABLE 7

## USE AND COMPLETION DATE OF FRENCH CAMPUS

<u>ADDRESS</u>	<u>COMPLETED</u>	<u>USE</u>
4141 Geary Blvd.	1971	Medical Office Building
4131 Geary Blvd.		
Acute Hospital	1963	Acute Hospital
Pasteur Building	1970	Administrative Offices
Anza Building	1923	Administrative Office
Boiler Building	1895	Mechanical Equipment for Hospital
Linen Building	1895	Laundry Facilities
Engineers Office	1895	Office for Maintenance Staff



TABLE 8

## USES, LOCATIONS AND TERM OF LEASED BUILDINGS

<u>LOCATION</u>	<u>LEASE TERM</u>	<u>OPTIONS</u>	<u>USE</u>
2266 Geary Boulevard	1979 - 1993	Annual to 1996	HIV Outpatient Services
2280 Geary Boulevard	1988 - 1993	Annual to 1996	Genetic, HIV Infusion Center, Credit Union
2560 Geary Boulevard	1980 - 2000	to 2005	Psychiatric and Outpatient Services
2580 Geary Boulevard	1983 -	Monthly lease	Public Affairs, Administration, Data Processing, HIV Research
1635 Divisadero Street			
3rd Floor	1989 - 1994	Bi-Annual to 2004	Allergy/Physical Therapy Outpatient Services
4th Floor	1989 - 1995	Bi-Annual to 2003	Optometry, Ophthalmology Outpatient Services





### 3.2.3 Growth In Employment

In 1983, Kaiser employed an equivalent of 180 full-time physicians, 1,455 full-time non-physician health care professionals, administrative, clerical and technical employees, and had 265 beds in service. As of June, 1991, the Medical Center's resources included:

- approximately 299 full-time physicians;
- approximately 2,333 full-time equivalent non-physician health care professionals and administrative, clerical and technical employees; and
- 306 beds in service, of which 228 beds are at the Geary Campus, and 78 beds are at the French Campus.

3,500 employees are projected for year 1997, and 4,000 employees are projected for year 2002.

### 3.3 **SERVICES PROVIDED BY THE MEDICAL CENTER**

The Medical Center provides a full range of general medical and surgical services (see Table 9). It also provides a full range of diagnostic testing services, including nuclear medicine, radiology, and a full range of laboratory services. In 1989, over 11,738,000 diagnostic services were performed at the Medical Center. Kaiser is the largest private provider of HIV services in San Francisco.

#### 3.3.1 Inpatient Services

The Medical Center is an Acute Care Hospital with 620 licensed beds, 323 at the Geary Campus, and 297 at the French Campus. Effective May 1, 1994, the Medical Center is operating 266 of its 620 licensed beds. In 1991, the average occupancy rate was 79% at the Geary Campus and 39% at the French Campus. In 1992, there were 82,144 inpatient days, and 15,936 admissions. Services provided include acute, intensive and transitional care for adults, and acute, intensive and intermediate care for infants and children. For year 1994-1995, it is anticipated that the inpatient occupancy rate will be at 85-90%.

The Geary Campus Hospital is a regional center for Kaiser's cardiac care and cardiovascular surgery. It is also the West and North Bay center for caring for high risk pregnant women, and sick or premature newborns; this function is intended to be transferred to the French Campus upon completion of the Five-Year Plan. The Medical Center provides ambulatory (same day) surgery. It also offers a home-based hospice program at the French Campus. Support and diagnostic services at both Campuses include laboratory, X-ray (including CT scan and MRI), hemodialysis, physical and respiratory therapy.



TABLE 9

SAN FRANCISCO MEDICAL CENTER HOSPITAL SERVICES

Alcoholism and Chemical Dependency Treatment

Allergy

Cardiology

Dermatology

Health Promotion Education

Home Care

Internal Medicine

Neurology

Obstetrics/Gynecology

Occupational/Environmental Medicine

Ophthalmology

Optometry

Otolaryngology

Patient Representative Services

Pediatrics, Physical Medicine

Physical Therapy

Podiatry

Psychiatry

Psychology

Social Work

Surgery

Urology





To minimize duplication of specialized medical services, certain medical centers in the Northern California Region are designated as the regional or sub-regional center for such services. Kaiser also contracts other hospitals in San Francisco and the Bay Area, such as UCSF, to perform specialized medical procedures for its members. When a certain category of licensed inpatient beds is at capacity, Kaiser contracts for inpatient care with other hospitals in the City. Today, Kaiser has an agreement with all the hospitals in the City except for San Francisco General, St. Luke's, and Ralph K. Davis, to service its members on an as-needed basis.

### 3.3.2 Outpatient Services

Kaiser's outpatient facilities provide routine care, urgent care, emergency care, and telephone advice. Routine medical care includes treatment of common illnesses and such services as periodic checkups and return appointments. Urgent care includes treatment of a medical problem that is not an emergency, but which needs attention the same day or within 48 hours. Emergency service is provided on a 24-hour basis to Kaiser members and the general public for injuries or sudden illnesses that require immediate attention. Registered nurses provide telephone advice and referrals to Kaiser members seven days a week.

The most costly component of Kaiser's health care program is inpatient care. In order to keep costs down, Kaiser has pioneered many innovative outpatient services such as Coordinated Home Care Services. Kaiser initiated a Family Centered Perinatal Program, which allows mothers and newborn infants to return home within a few hours of delivery. There are several innovative programs for people infected with the HIV virus, including outpatient infusion and aerosolized pentamidine treatment. Kaiser also provides services on genetic screening, and special programs for high risk pregnant women, including diabetics, and teenagers.

These outpatient services have reduced the number of inpatient days and the need for expanding hospital bed capacity for the next decade. In 1992, the Medical Center outpatient facilities accommodated 980,435 patient visits. In April, 1993, Kaiser opened a new outpatient program for teens and adults with problems associated with chemical addiction.



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### 3.3.3 Health Education

Kaiser provides comprehensive health education to its members through a Health Information Center. A special Teen Clinic was developed to provide education and medical care for young people between the ages of 13 and 19. Table 10 lists topics of the educational programs and support groups to cope with special medical problems.

### 3.3.4 Training of Health Care Professionals

Kaiser's Hospital is a teaching hospital, and currently has 78 Residents in Internal Medicine, General Surgery, Obstetrics and Gynecology, Allergy, Pediatrics, Pathology and Orthopedics. It also provides clinical experience for pharmacy interns of the University of California at San Francisco (UCSF), medical students from UCSF and Stanford Medical School, pre-hospital emergency technicians, nursing students and other health care professionals. Many of Kaiser's physicians have faculty appointments at UCSF.

### 3.3.5 Other Services

To serve the diverse ethnic membership, Kaiser offers 35 different languages and dialect assistance for non-English and limited English-speaking members. The Kaiser health care directory is translated into Spanish and Chinese at various locations throughout the Medical Center.

Sign language interpreters are available for the hearing-impaired. Hearing-impaired members, who have access to a teletype machine, can discuss medication, education programs, availability of a sign language interpreter, appointments, prescriptions, and emergencies with Medical Center staff 24 hours a day, seven days a week.

## 3.4 SERVICE POPULATION CHARACTERISTICS

Kaiser has both individual and group plan members. San Francisco Medical Center's large group plan participants include the Culinary Workers Union, the Health Service System of the City and County of San Francisco, employees of the State of California, Bank of America Corporation, Pacific Bell, and Wells Fargo Bank. There are three basic categories of health plans: individual coverage, group plans for less than 500 employees, and group plans for over 500 employees. The monthly rate for over 500 employees is negotiated. The monthly rates for individual plans and the group plans for the year 1994 are attached herewith as Appendix 2.

In 1983, Kaiser had 155,000 members in San Francisco. As of the end of 1992, Kaiser serves approximately 170,000 members, an increase of 15,000 members from 1983.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 354

LECTURE 1

1.1. Introduction

TABLE 10

KAISER HEALTH EDUCATIONAL PROGRAMS

Al-Anon  
Alcoholics Anonymous  
Alopecia Areata Support Group  
Amputee Information and Support Group  
Arthritis Self-Management  
Asthma Education  
Back Fitness  
Breast Education  
Breathing Easier  
Cancer Support Community  
Cardiac Fitness and Rehabilitation  
Children's Pre-Operative Tour of Pediatrics  
Cholesterol Class  
Co-Dependency Drop-In Group  
Cardiopulmonary Resuscitation  
Heartsavers  
Defining the Care-Giver Role  
Diabetes Workshop  
Durable Power of Attorney for Health Care  
Effective Discipline for Toddlers and Pre-Schoolers  
HIV Antibody Testing Service  
HIV Community Forum  
HIV Support Groups  
Home Care Companions  
Hypertension and Diet Classes  
Living Well Series  
Mended Hearts  
Menopause and Mid-Life Crisis  
Nar Anon  
Overeaters Anonymous  
Parents for Heart  
Prenatal Education Programs  
Prenatal Diagnosis and Counseling  
Prenatal Exercise  
Self-Help Acupressure Workshop  
Senior Lecture Series  
Smokers Anonymous  
Stop Smoking Clinic  
Support for Staying Quit  
Stress to Wellness (Parts I & II)  
Support for Parents of Children with Cancer  
Support for Parents with Special Children  
Teen Clinic  
Vasectomy Class  
Weight Loss





The Kaiser membership is divided almost equally between the sexes. Forty-five percent (45%) of the San Francisco membership has an income of \$30,000 or less per year. Nearly 16% of Kaiser's members are children under 15 years of age; about 48% of the Health Plan members are between the ages of 15 and 44; and approximately 36% of our members are 45 years or older, including 11% who are over 65 years of age.

Kaiser is a major provider of health care services to San Francisco's many ethnic groups. In 1992, the ethnic make-up of Kaiser's San Francisco membership was 57.8% White, 12.9% Black, 20.6% Asian, 7.6% Hispanic, 0.2% American Indian, and 0.9% Others, and is reflective of the diversity of the City's ethnicity.

In 1989, Medicare and MediCal admissions accounted for 21% of total Hospital admissions, with the majority being Medicare patients. Kaiser's San Francisco Medical Center serves 1,370 MediCal recipients; enrollment of 4,000 MediCal recipients is projected for the year 1994.

It is anticipated that the health care delivery system for our nation will undergo fundamental changes in the next decade, with Health Maintenance Organizations serving as models. If some form of national or State medical insurance program is adopted, Kaiser, like other HMOs, will experience explosive growth in its membership, beyond the levels contemplated in this IMP.

### **3.5 EMPLOYEE CHARACTERISTICS**

Kaiser is an Equal Opportunity Employer (EOE). Organizational EOE policies and Affirmative Action Programs are coordinated by the Kaiser Permanente Northern California Regional Offices. The Affirmative Action Program includes annual review to ensure equal employment opportunity at all levels, and assigns or reaffirms responsibility for implementation of the Program's goals and objectives.

Kaiser's 1992 employee demographics show that 50% and 83.3% of the Administrative Officers and Managers are minority and women, respectively; 25.8% and 76% of the Professional/Technical Services Supervisors are minority and women, respectively; and 65.9% and 63.6% of the Support Services Supervisors are minority and women, respectively.

As part of the North Wing Expansion Program in 1990, Kaiser voluntarily implemented an Affirmative Action Program. A Community Task Force subcommittee was charged with the responsibility of assisting the contractor to recruit minority youths residing in the Western Addition Community and in San Francisco.



#### 4. KAISER'S EXISTING PHYSICAL FACILITIES IN SAN FRANCISCO

##### 4.1 DESCRIPTION OF FACILITIES

Kaiser's Geary Campus is composed of Assessor's Block 1098, Lots 50 and 38 of Assessor's Block 1095, and other satellite buildings located on Geary Boulevard and O'Farrell Street. See Figure 3 for building locations and their heights. See Table 1 for square footage of each building. Today, the Geary Campus consists of approximately 507,880 gsf of owned buildings, exclusive of 410,500 gsf of parking garages. The French Campus occupies one City block bounded by Geary Boulevard, Fifth Avenue, Anza Street and Sixth Avenue (Assessor's Block 1539). Purchase of the French Campus, completed in 1992, added 269,430 gsf of owned space (exclusive of 228,650 gsf of parking garage) to the Medical Center. Today, the combined Campuses consist of 777,310 gsf of buildings, 639,180 gsf of parking space (a total of 1,416,490 gsf of space) owned by Kaiser. In addition, Kaiser leases approximately 55,330 gsf within two blocks of the Geary Campus.

##### 4.2 ZONING OF MEDICAL CENTER PROPERTY

###### 4.2.1 Geary Campus

Part of the Geary Campus is under the jurisdiction of the San Francisco Redevelopment Agency (SFRA) and is subject to the land use regulations of the Western Addition A-1 and A-2 Redevelopment Area Plans (A-1 Plan and A-2 Plan).<sup>1</sup> The remainder of the Geary Campus is under the jurisdiction of the City and County of San Francisco, with a zoning classification of NC-3 (Moderate Scale Neighborhood Commercial) District. The maximum allowable Floor Area Ratio (FAR) is 3.6:1 for this Campus under both the City Planning Code and the A-1 Plan.<sup>2</sup>

---

<sup>1</sup> Block 1095 (where the Acute Hospital is located), that portion of Block 1098 where the 350 St. Joseph Avenue Building is located, and the 2350 Geary Street Building, are within the jurisdiction of the City Planning Department. The remainder of Block 1098 is under the SFRA A-1 Plan. The 2139 O'Farrell Street Building is under the SFRA A-2 Plan.

<sup>2</sup> Off-street parking for the Geary Campus is provided mainly in the 2130 and 2190 O'Farrell Street garages, located on land under the A-1 Plan. The SFRA considered both garages to be commercial uses, and not required parking for the Geary Campus. Consequently, the SFRA granted a variance allowing the FAR to be increased to 4.43:1 (including the parking garages) for Lot 50 of Block 1098 when it approved the construction of the 2130 O'Farrell Street Garage.





Under the City Planning Code, the Campus is in a 105-E Height and Bulk District, allowing a maximum building height of 105 feet and maximum length and diagonal dimensions above 65 feet of 110 feet and 140 feet, respectively. In the A-1 Plan, the height limit is governed by the FAR, and consideration of other factors. Under the A-2 Plan, the height limit is 40 feet for institutional use.

#### 4.2.2 French Campus

The French Campus site (Assessor's Block 1539) falls under two zoning classifications. Along Geary Boulevard, the property is classified NC-3 (neighborhood commercial district) to a depth of 100 feet; the remainder of the Campus is classified RM-1 (low density residential district). It is in an 80-E Height and Bulk District, allowing a maximum building height of 80 feet, and maximum length and diagonal dimensions of 110 feet and 140 feet, respectively. The FAR is 3.6:1 for the NC-3 portion of the site, and 1.8:1 for the RM-1 portion of the site. All properties surrounding the French Campus site are in the 40-X Height and Bulk District.

### 4.3 LAND USE

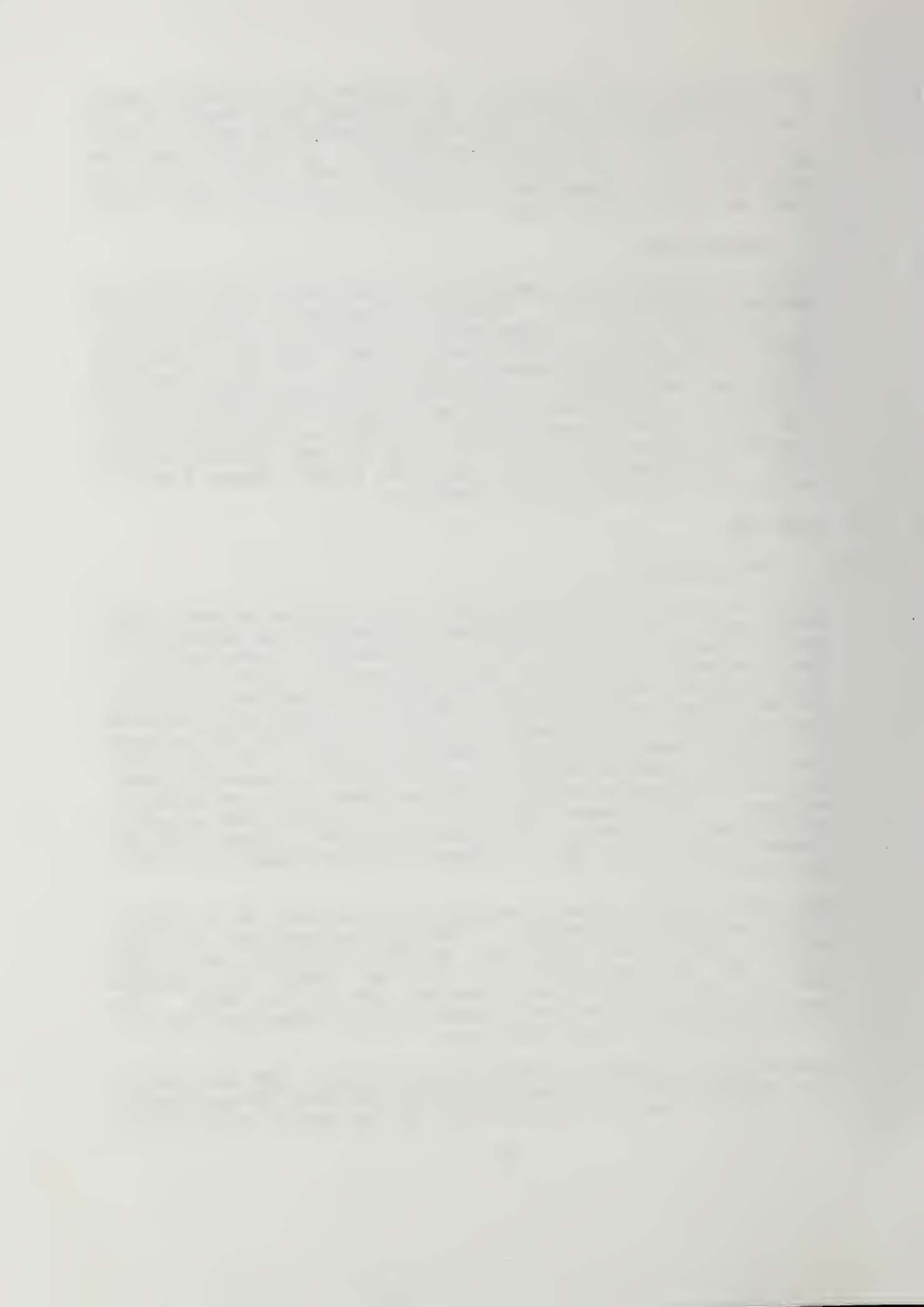
#### 4.3.1 Geary Campus

Prior to the mid-1940s, the area including the current Geary Campus site, and the neighboring subdivisions of Anza Vista, was a cemetery. In 1937, the cemetery, consisting of approximately 49.2 acres, was relocated to Colma. Part of this land was subdivided in the late 1940s and early 1950s. In the 1950s, the San Francisco Board of Supervisors declared the area east of the Hospital building blighted, and adopted the Western Addition Redevelopment A-1 Plan. The area under the A-1 Plan was turned over to the SFRA for redevelopment. In 1964, the Western Addition Redevelopment Area A-2 Plan was adopted. To implement the A-1 and A-2 Plans, SFRA acquired properties along Geary Boulevard, O'Farrell Street and St. Joseph Avenue. The areas around the Geary Campus are fully developed.

The Geary Campus is easily accessible from many of the City's large residential districts. Pacific Heights and Presidio Heights are to the north; the Richmond District is to the west; the Mission District is to the south; the Western Addition and downtown San Francisco are to the east. The areas surrounding the Geary Campus are developed with few infilled development opportunities.

Although the zoning regulations have changed over the years, the land uses have remained primarily the same. Properties to the north of Geary Boulevard and to the south of O'Farrell





Street, in the vicinity of the Geary Campus, are mostly zoned RH-3, RM-1 and RM-2 (low- and moderate-density residential zoning) districts. Buildings on Geary Boulevard have predominately commercial use on the ground and upper floors. Behind the Hospital on the south side of O'Farrell Street are multiple-unit apartment buildings at a higher elevation than the Hospital. Most of the buildings in adjacent residential districts are two- and three-story, multiple-family dwellings.

Two of the large commercial properties in the area are the former Sears-Roebuck store, with its parking lot, located across from the Hospital off Lyon Street, and the Bekins storage warehouse on Geary Boulevard near Masonic Avenue. The former Sears-Roebuck building has been renovated as a shopping mall, with Toys R Us, Mervyns, and Office Depot as the major anchoring tenants. Near the intersection of Masonic Avenue and Geary Boulevard are several restaurants, a bar, and retail establishments serving neighborhood residents and employees in the area. Generally, buildings housing smaller commercial uses along Divisadero Street and Geary Boulevard range from two to six stories in height.

Institutional uses in the Geary Campus vicinity include the MUNI Headquarters and Yard at 949 Presidio (two blocks west of the Geary Campus), Raoul Wallenberg High School (two blocks southwest of the Geary Campus at 40 Vega Avenue), UCSF-Mt. Zion Hospital (one block away at Divisadero and Sutter Streets), and The California Podiatry Hospital on Scott Street.

#### 4.3.2 French Campus

The French Hospital was founded by La Societe Francaise de Bienfaisance Mutuelle on December 31, 1851 at the northeast corner of Jackson and Mason Streets. As demand grew, the French Hospital was relocated three times. When the French Hospital site was purchased in 1894, it was surrounded by acres of open space, with only two or three buildings in each direction. In 1895, the new French Hospital opened at the French Campus and was then the most modern hospital in the City, with 170 beds in service and a School of Nursing attached.

For the next six decades, this Hospital was renovated and expanded to meet the increased space demand of a modern Hospital. In 1958, the architectural firm of Rex Whitaker Allen and John Carl Warnecke was retained to produce a Master Plan for a phased construction plan to replace all the old buildings, which could no longer be renovated to meet modern regulatory standards.



In 1963, a new 170-bed Hospital was completed. In 1964, the West Wing to the Hospital was completed, bringing the number of licensed beds to 297. In 1968, that portion of the Campus fronting on Geary Boulevard (4141 Geary Building) was leased to Hospital Staff Limited, a group of physicians associated with the French Hospital, to construct a Medical Office Building, which would revert back to the Hospital in 45 years.

Due to financial difficulties, La Societe Francaise de Bienfaisance Mutuelle sold the Hospital to the Daughters of Charity National Health System West in 1987. Two years later, it was purchased by Kaiser and became the French Campus of the Kaiser Permanente Medical Center of San Francisco.

The French Campus site is located west of the Geary Campus in the Inner-Richmond area. This Campus is surrounded by residential development on three sides, with commercial uses along Geary Boulevard. Presidio Heights lies generally to the north, Golden Gate Park to the south. To the east lie Pacific Heights and the Western Addition.

Today, the French Campus is surrounded by low- to moderate-density residential buildings to the east, south and west, and commercial and mixed-use buildings to the north and along Geary Boulevard. Along the Geary Boulevard corridor, the buildings are mixed-use, with primarily commercial uses. On the north side of Geary Boulevard are restaurants and small businesses, including a travel office, driving school and funeral home. One block north of this Campus is Clement Street, two blocks south is Balboa Street. Both Clement and Balboa Streets are located in neighborhood commercial shopping districts.

Nearby institutional uses include California Pacific Medical Center several blocks away on California Street, and the recently renovated Richmond Police Station, directly across on Sixth Avenue.







#### 4.4 EXISTING TRANSPORTATION, CIRCULATION AND PARKING CONDITIONS<sup>3</sup>

##### 4.4.1 Geary Campus

###### 1. Street Network

Regional access to the Geary Campus from the East Bay and South Bay is provided most directly by U.S. Highway 101 (the central freeway) via Fell Street, Divisadero Street, and Geary Boulevard. Motorists traveling to and from the North Bay can use various access routes, such as Highway 1 (Park Presidio Avenue), or Highway 101 (Doyle Drive) corridors, to the Golden Gate Bridge.

Primary access to the Geary Campus is via Geary Boulevard, which is a six-lane east-west thoroughfare, with a raised median and signals at major intersections. Other one-way east-west access includes the Turk-Golden Gate and Pine-Bush couplets. Turk Street has two (2) travel lanes. Golden Gate has two (2) travel lanes. Pine Street and Bush Street are three (3) lanes each. All of the above roadways are classified as "Major Thoroughfares" in the Transportation Element of the City's Comprehensive Plan (see Figure 2).

The most direct north-south routes to the Campus are Divisadero Street and Masonic Avenue. Divisadero Street is a four-lane roadway and Masonic Avenue is a six-lane roadway. O'Farrell Street, which travels east-west and also serves the Geary Campus, is a one-way east-bound street between Masonic Avenue and St. Joseph Avenue. East of St. Joseph Avenue, O'Farrell Street becomes two-way (two lanes), serving both the main Campus and the parking garage. St. Joseph Avenue is a two-lane street. From Geary Boulevard south, St. Joseph provides access to the main Geary Campus and the North Wing Addition (main entrance to Hospital).

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<sup>3</sup> The transportation analysis for the IMP adopts a general approach based on the number of employees, patients and visitors, and is not site specific. Trip generation and parking demand have been allocated to the Geary and French Campuses according to the percentage of employees allocated to each Campus, because the number of inpatients, outpatients and visitors reflects the staffing pattern. When Kaiser submits specific development plans for each of the Campuses, it is expected that traffic analyses will be prepared, as necessary, for the specific developments as part of the environmental review process in accordance with applicable City guidelines. The scope of any such future transportation studies will be determined by the Office of Environmental Review in consultation with the Transportation section of the City Planning Department.



### Existing Traffic Flow Conditions

To determine existing traffic flow conditions in the Geary Campus study area, both AM and PM peak hour turning movement counts were conducted for four intersections:<sup>4</sup>

Geary/Baker/St. Joseph	Signalized
Geary/Divisadero	Signalized
Divisadero/O'Farrell	Signalized
O'Farrell/St. Joseph	Four-way stop

Vehicle counts were conducted during the peak hours, 7:30 AM to 8:30 AM, and 4:30 PM to 5:30 PM. The vehicle counts were conducted before completion of the North Wing Expansion Project, and after completion of the 2130 O'Farrell Street Garage. The North Wing Expansion project did not increase the number of operating beds in the Hospital; rather, this project was undertaken to comply with applicable regulations governing the operation of an acute hospital. Based on the FEIR conducted for the San Francisco Kaiser Permanente Medical Center North Wing Addition and Parking Garage, the North Wing Expansion would not cause any measurable traffic increases in the vicinity of the Geary Campus.<sup>5</sup> The North Wing Addition generates approximately 40 PM peak hour vehicle trips, which would not change adjacent intersection level-of-service. Since construction of the planned development may cause similar traffic conditions, no new surveys for vehicle counts were commissioned, so that future transportation impacts would be projected under similar traffic conditions.

The intersection of Geary/Divisadero is congested during both 7:30 to 8:30 AM and 4:30 to 5:30 PM peak hours. The intersection currently operates with long traffic delays for motorists. All other study intersections are operating with short traffic delays or little or no delay during the AM and PM peak hours.

The intersection of Geary/St. Joseph was re-designed as part of the North Wing Addition project. Specifically, the southwest corner of the intersection was extended eastward to create a smaller turning radius for vehicles. This has had the effect of adding to the North Wing's pedestrian plaza, as well as slowing eastbound vehicles

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<sup>4</sup> These intersections were chosen because they are the intersections most affected by the Geary and French Campuses.

<sup>5</sup> City & County of San Francisco, Kaiser Permanente Medical Center San Francisco - North Wing Addition and Parking Garage, FEIR 1987.





making right turns from Geary Boulevard onto St. Joseph Street. The overall effect has been to increase pedestrian safety at this corner.

Based on field observation during off-peak hours, all intersections are operating with short traffic delays or little or no delays.

## 2. Transit Network

Golden Gate Transit provides nearby direct access to and from Marin and Sonoma Counties. BART and AC Transit provide access to and from the East Bay. SamTrans and CalTrans provide access from the South Bay.

Within an approximate four-block walking distance (about 1,000 to 1,600 feet), fourteen (14) MUNI lines including Nos. 1, 1AX and 1BX, 2, 4, 31, 31AX and 31BX, 38, 38L, 38AX, 38BX, 24 and 43 serve the Geary Campus (please see Figure 5 for transit routes and bus stop locations). These east-west MUNI lines are located on Pine Street, Bush Street, Sutter Street, Geary Boulevard, and Turk Street-Balboa Boulevard. MUNI lines 24 and 43 serve the Geary Campus in a north-south direction along Divisadero Street and Masonic Avenue.

Based on a survey of MUNI ridership data (conducted January, 1993), several MUNI lines are operating near capacity during the peak hours in the study area. Capacity is defined as all seats being occupied plus 50% standees. This equates to a "load factor" for each line. Load factors over 1.55 are considered saturated by MUNI staff. The PM peak hour load factors for all studied MUNI lines are as follows: Line 1 (0.76), Line 1AX (1.53), Line 1BX (1.33), Line 2 (0.51), Line 4 (0.27), Line 5 (0.51), Line 24 (0.72), Line 31 (0.60), Line 31AX (1.28), Line 31BX (1.36), Line 38 (0.85), Line 38AX (0.65), Line 38BX (1.05), Line 38L (1.42), and Line 43 (0.67). It is noted that the nearest possible bus stop locations were used to determine current load factors.

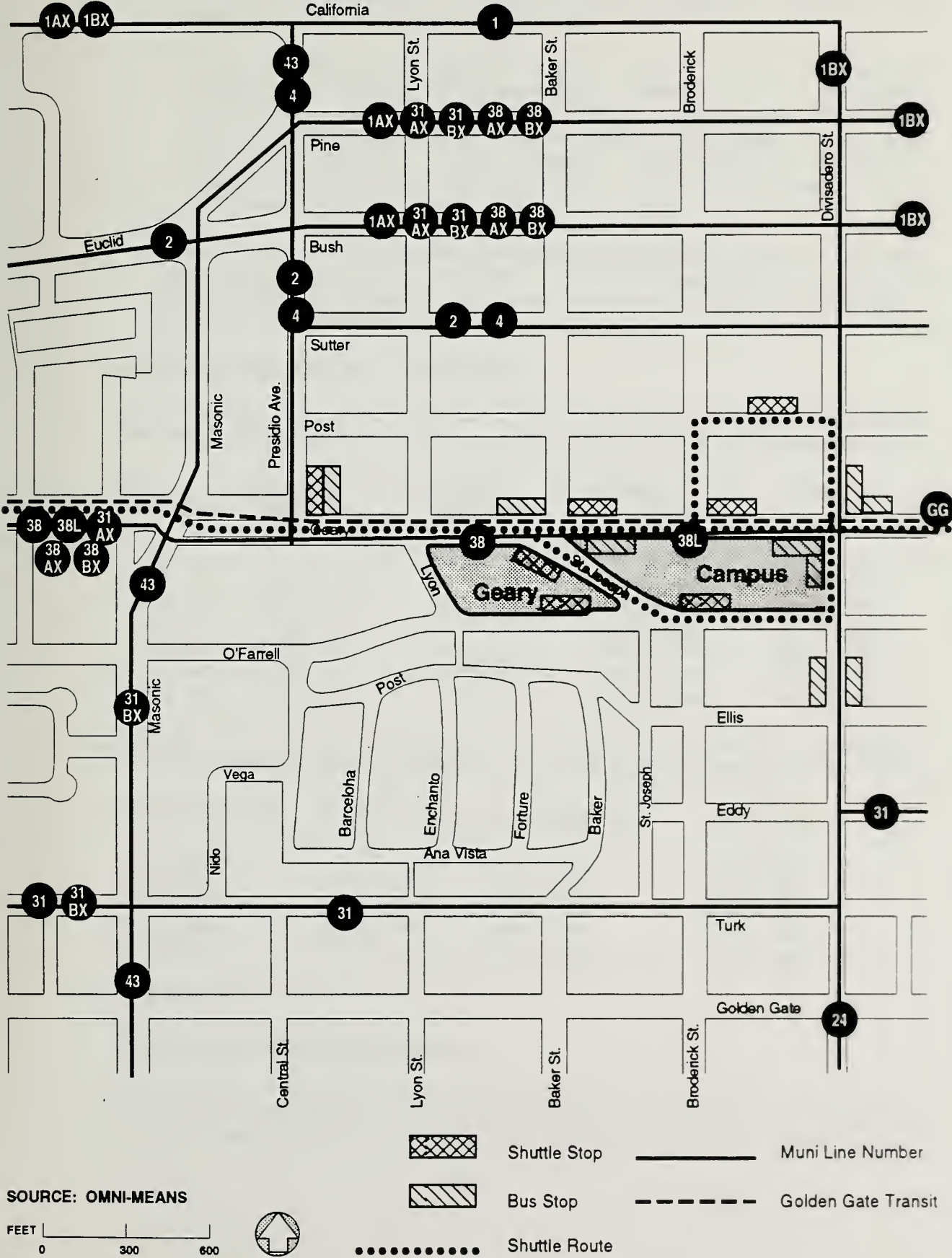
To encourage the use of public transit from the East Bay, North Bay and South Bay, and to minimize impact on MUNI services during peak periods, Kaiser operates three shuttle services:

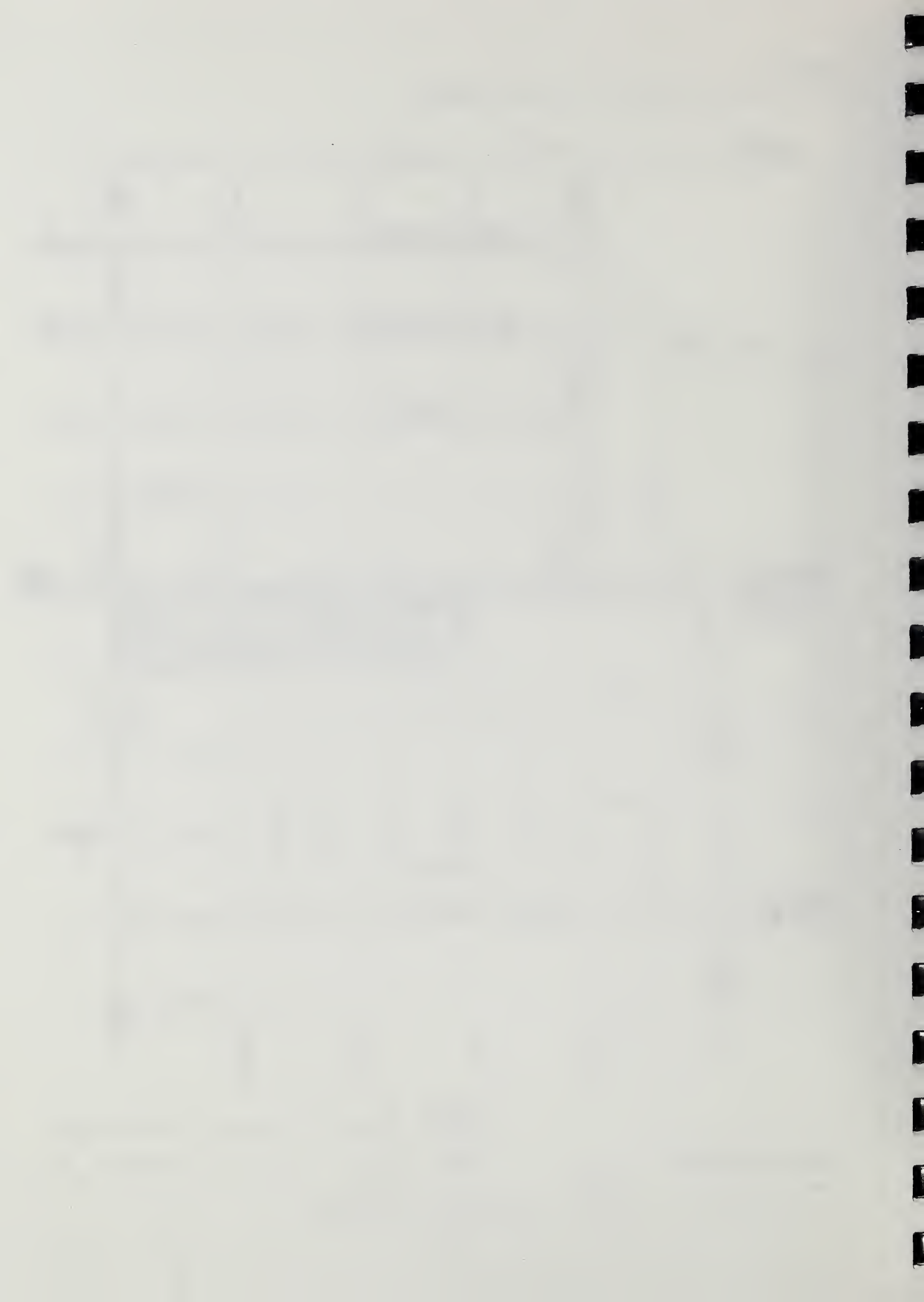
- Monday through Friday between the hours of 5:45 AM and 11:45 PM, employees, patients, and visitors are shuttled between the various facilities located at the Geary Campus and the French Campus with three to five minute headway.





**Figure 5**  
**Existing Transit Routes: Geary Campus**





- Kaiser provides shuttle service (by appointment) to and from the outpatient facilities for members residing within one mile of the Campuses between the hours of 9:30 AM and 6:00 PM.
- During the peak commute hours, there are five shuttle services using 20-passenger buses to transport employees using AC Transit, BART, SamTrans, Caltrans and other carpools at Embarcadero Station, First and Mission Streets, and Eighth and Mission Streets. These shuttle services are fully utilized, with standees during peak hours.

Kaiser has added three new shuttle buses to meet demand from employees and members. Kaiser operates a total of five shuttle buses (two 20-passenger, two-12 passenger, and one 10-passenger).

#### Peak Period Shuttle Schedules

During the AM peak period, the Kaiser shuttle schedule between Transbay Transit pickup points are as follows:

<u>AC Terminal</u>	<u>Ferries/ BART</u>	<u>Civic Center</u>	<u>Geary</u>	<u>French</u>
		6:00 am	6:15 am	6:25 am
6:30 am	6:35 am	6:45 am	7:00 am	7:10 am
7:00 am	7:05 am	7:15 am	7:35 am	7:35 am
7:20 am	7:25 am	7:35 am	7:50 am	8:00 am
8:00 am	8:05 am	8:15 am	8:35 am	8:35 am
8:20 am	8:25 am	8:35 am	8:50 am	9:00 am
9:00 am	9:05 am	9:15 am	9:35 am	9:35 am

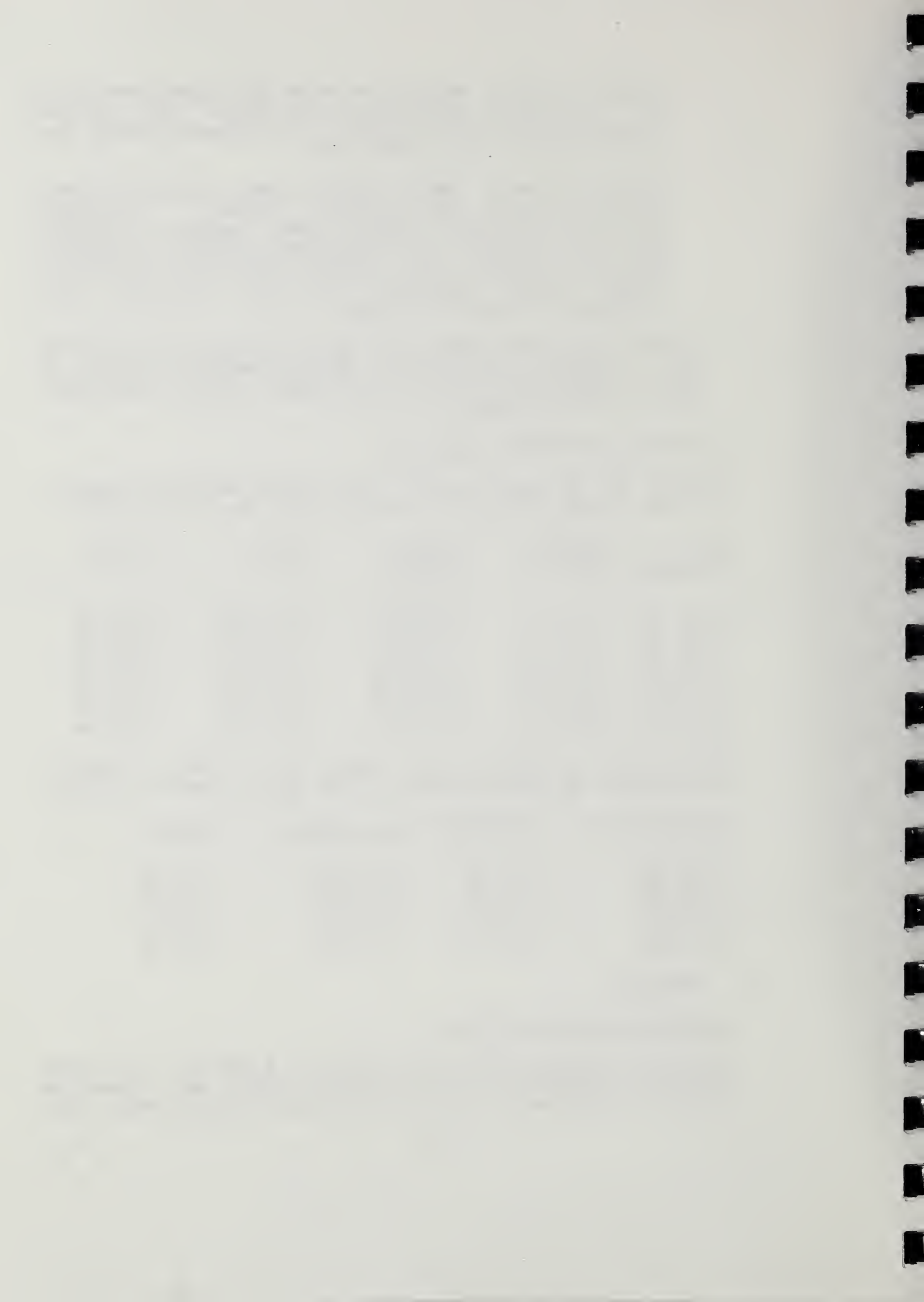
During the PM peak period, the Kaiser shuttle schedule between the Transbay Transit pickup points are as follows:

<u>Geary/French</u>	<u>One Market</u>	<u>AC Terminal</u>	<u>Ferries</u>
3:00 pm	3:15 pm	3:30 pm	3:35 pm
3:35 pm	3:50 pm	4:05 pm	4:30 pm
4:30 pm	4:45 pm	5:00 pm	5:06 pm
5:10 pm	5:25 pm	5:40 pm	5:45 pm
6:00 pm	6:15 pm	6:30 pm	6:35 pm

### 3. Parking

#### On-Street Parking Surveys

During the mid-afternoon peak period, a survey of existing on-street parking near the Geary Campus was conducted before completion of the 2130 O'Farrell Street Garage and





the Kaiser North Wing Addition. The Geary Campus survey area is bounded by Divisadero/Post/Presidio/Geary/Lyon/O'Farrell/Anza Vista/Terra Vista/Ellis/Divisadero. After completion of the O'Farrell Street Garage (January, 1993), a new on-street parking survey of the same area was conducted between 1:30 PM and 3:00 PM before the major afternoon shift change.

The parking survey indicates an 87% on-street occupancy rate. This is a reduction of 8% from the previous on-street occupancy of 95% identified in the 1987 FEIR for the North Wing Expansion. Completion of the 2130 O'Farrell Street Garage and implementation of the TSM Program has decreased the need for on-street parking spaces. Although some outpatients still use available on-street parking spaces, field observations have shown that on-street parking spaces are readily available, especially on the south side of the Geary Campus.

#### Existing Off-Street Parking Supply

At the Geary Campus, Kaiser currently has six off-street parking facilities and leases two other parking lots in the Campus vicinity (see Figure 6). It is noted that the St. Joseph lot is not available for existing parking at this time and is not included overall Geary Campus total. These locations are listed below:

##### (Kaiser Controlled)

2190 O'Farrell Garage	486 spaces
2130 O'Farrell Garage	550 spaces
2425 Geary Lot	15 spaces
2350 Geary Lot	28 spaces
2139 O'Farrell Lot	13 spaces
St. Joseph Lot (not currently available)	45 spaces <sup>6</sup>

Subtotal (Kaiser Controlled)	1,137 spaces
(Available)	<b>1,092 spaces</b>

##### (Leased Spaces)

1635 Divisadero	64 spaces
2280 Geary	7 spaces

Subtotal (Leased)	<u>71 spaces</u>
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<b>Total</b>	<b>1,163 spaces</b>
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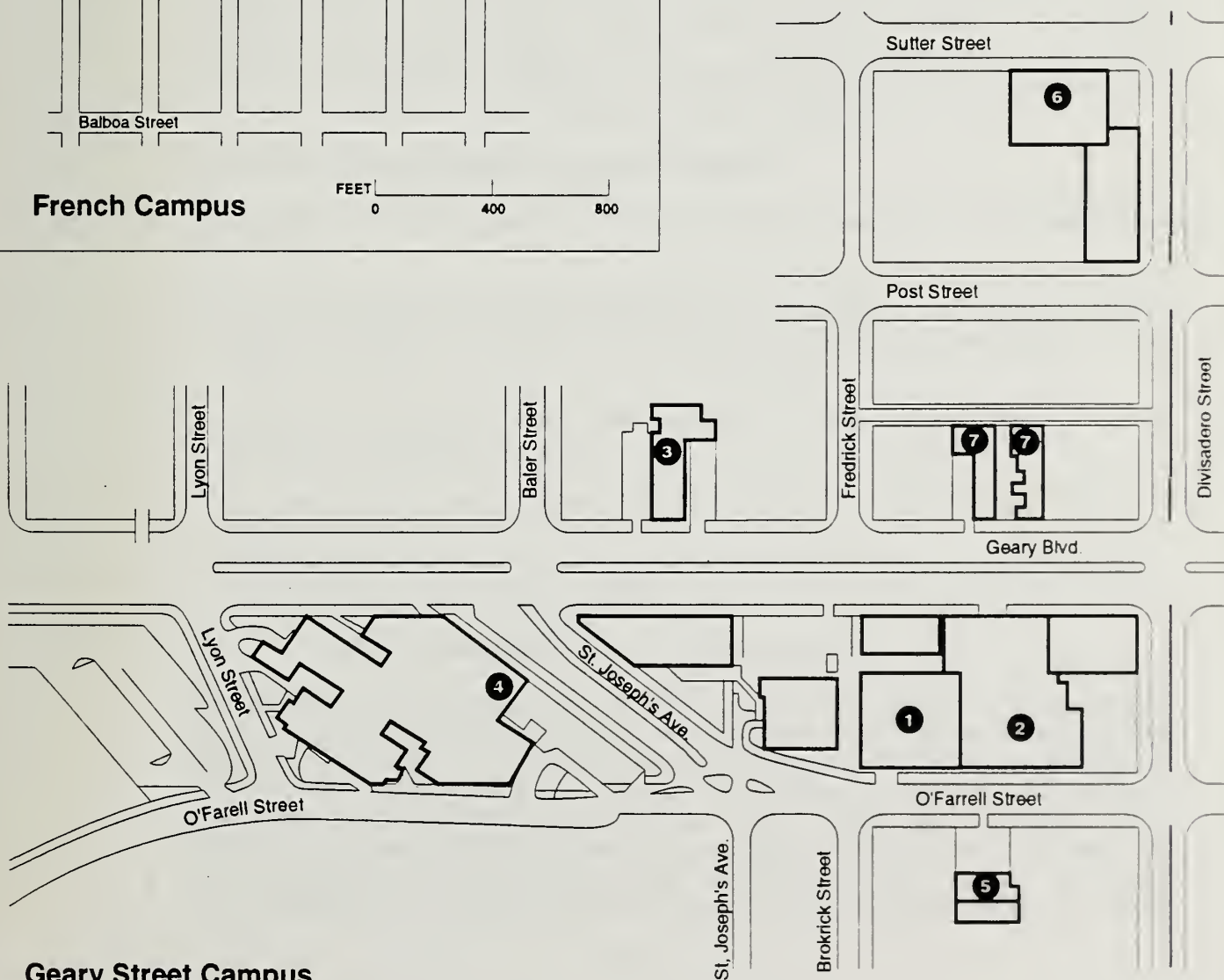
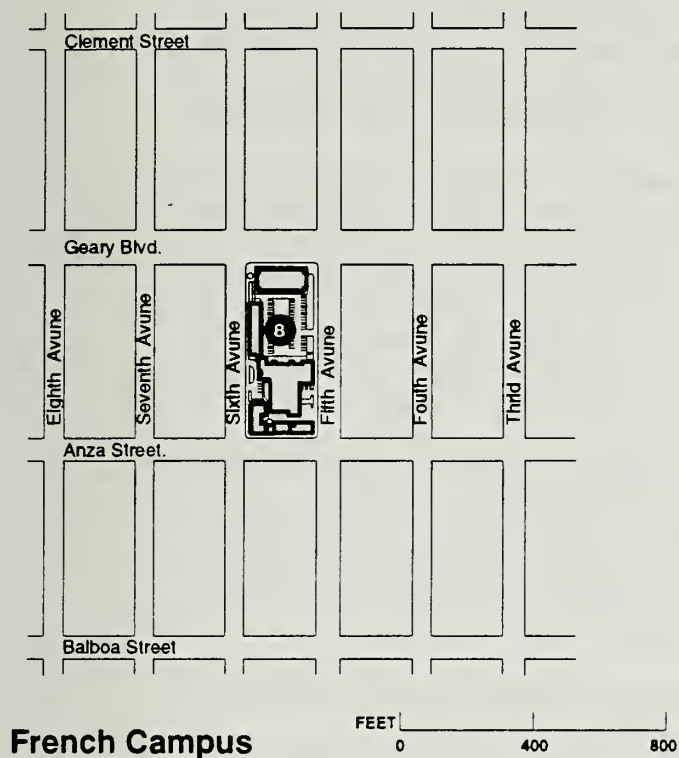
<sup>6</sup> Presently used for construction trailers and OB/GYN physicians and is not available for parking.



**Figure 6**  
**Existing Parking Locations**

**LEGEND**

- 1** 2190 O'Farrell Garage
- 2** 2130 O'Farrell Garage
- 3** 2350 Geary
- 4** 2425 Geary
- 5** 2139 O'Farrell
- 6** 1635 Divisadero
- 7** 2260 & 2280 Geary
- 8** French Lot / Garage



NOT TO SCALE



SOURCE: OMNI-MEANS





The parking garage at 2130 O'Farrell Street is reserved for employees only, with entry permitted by gate-card. Monthly on-site parking rates are approximately \$75 per month for full-time employees and \$40 per month for part-time employees. Evening-shift employees and day-shift employees participating in the carpool program do not pay for parking. Based on parking surveys of the 2130 O'Farrell Garage, the occupancy rate is between 95-100%.

The 2190 O'Farrell Street Garage is dedicated to use by outpatients and visitors. Parking occupancy surveys indicate about a 67% utilization rate. Parking fees are charged on an hourly basis (\$.50 for first hour, \$.50 cents for every 1/2 hour thereafter, and \$9.50 all day). On Tuesday and Thursday between the hours of 7:00 PM and midnight, free parking is available for patients and visitors using the late night clinics. These rates apply to all Kaiser controlled parking facilities. Although residential parking permits are required adjacent to the Geary Campus, some outpatients and visitors use the time-limited curb parking near the campus along St. Joseph Avenue and Terra Linda Avenue. In the evenings, the 2190 O'Farrell Street Garage is available free to residents living within three blocks of the garage.

#### Existing Off-Street Parking Demand

The Geary Campus peak parking demand has been estimated as follows:

- 1,594 average daily employees (includes day and evening shift employees with overlapping parking demands) x 31% auto = 494
- 1,594 average daily employees x 29% rideshare / 2.44 person per auto = 189
- 1,786 daily outpatients x 71% auto / 6 turnovers daily = 211
- 236 daily visitors x 85% auto / 4 turnovers daily = 51

**Total Peak Demand = 945 spaces**

Existing parking demand at the Geary Campus is 945 parking spaces, with 1,163 off-street spaces available (including leased spaces). If all the off-street parking spaces at the Geary Campus are utilized, there would be an off-street parking surplus of 218 spaces. As noted previously, the 2190 O'Farrell Street Garage, which is devoted to use by outpatients and visitors, has excess capacity and is only 67% occupied. Kaiser should encourage outpatients to park





at the 2190 O'Farrell Street Garage and take the shuttle to the French Campus.

#### 4. Pedestrian Environment

The main entrance to the Hospital at the Geary Campus is on St. Joseph Avenue off Geary Boulevard. The entrance to the emergency room is located off O'Farrell Street. The outpatient facilities at the 2200 O'Farrell Street Building and the 350 St. Joseph Building can be accessed from O'Farrell Street and Geary Boulevard. Based on field observations, the sidewalks and inter-sections around the Geary Campus generally experience "open" flow conditions.

Observations at the Geary Campus have shown that primary pedestrian routes are located on the north side of O'Farrell Street linking the parking garages with the Medical Offices and Main Hospital. Pedestrians cross at the O'Farrell/St. Joseph and Geary/St. Joseph intersections traveling between the main Hospital, outpatient facilities, and the parking garages. The MUNI bus stop, located at the southeast corner of the Geary/Divisadero intersection, located steps from the entrance to 350 St. Joseph Building, tends to direct pedestrians up Geary Boulevard (west) towards the Main Hospital (please see Figure 7 for sidewalk widths and desire lines).

#### 5. Travel Demand

The travel mode characteristics for employees, outpatients, and visitors are shown in Table 11. The predominant mode of transportation of Kaiser employees to and from the Geary Campus is by automobile, with 31% driving alone, 29% carpooling, 35% using public transit, and the remaining 5% either walking or riding bicycles. The employee transportation modal splits include all three work shifts. Employees working the evening and midnight shifts are reluctant to use public transit after dark for safety considerations. For those people traveling by auto, survey responses rank congestion as the primary commute problem. For those people using public transit, inadequate transit service is listed as the primary problem.

Table 11 identifies the predominant mode of transportation of outpatients using the Geary Campus is by automobile with 59% driving alone, 12% carpooling, 26% using public transit, and the remaining 3% either walking or riding bicycles. For visitors, 81% drive alone, 4% carpool, and 15% use public transit.



**Figure 7**  
**Pedestrian Desire Lines & Useable Sidewalk Widths: Geary Campus**

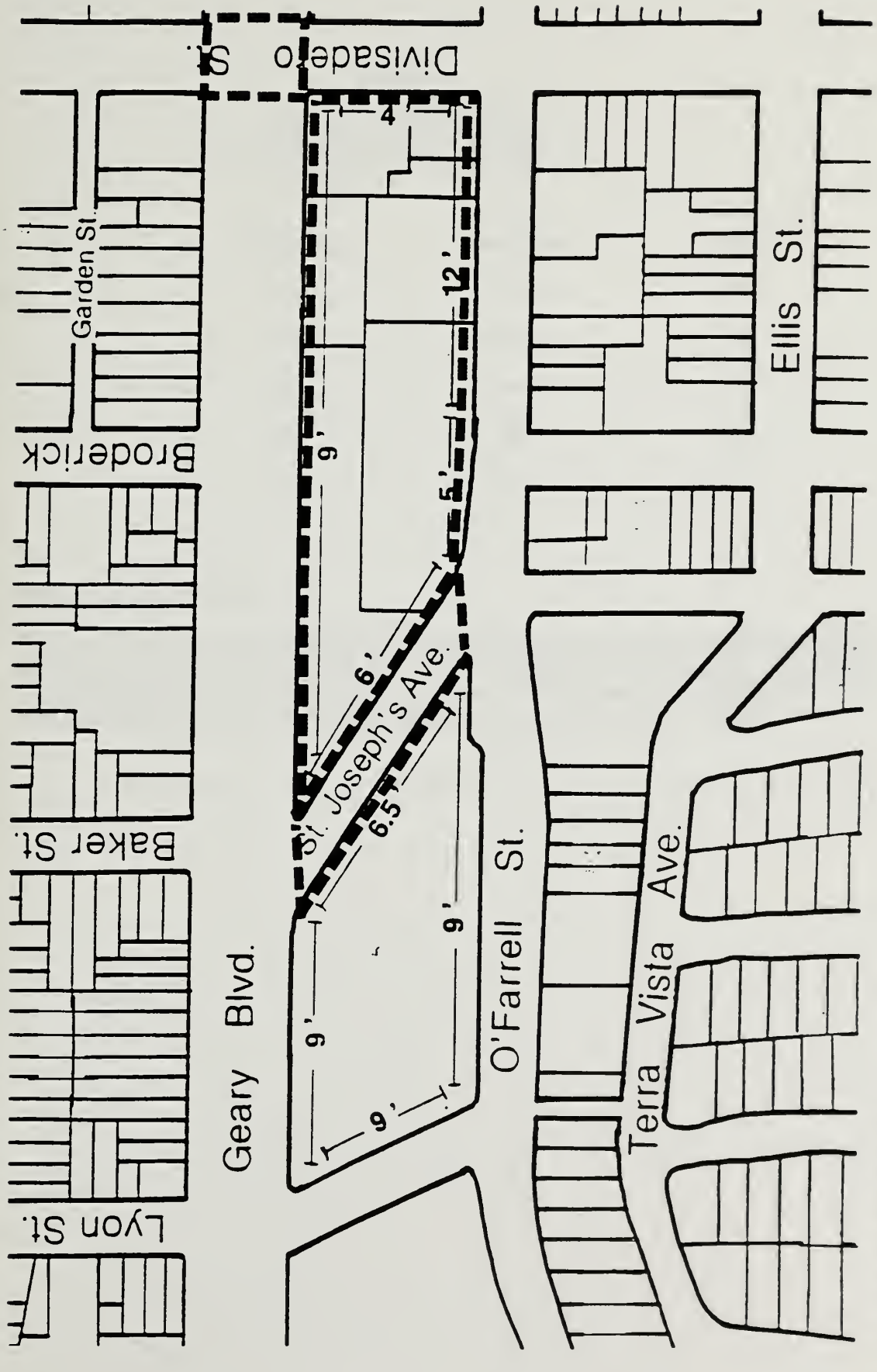






TABLE 11  
KAISER-PERMANENTE  
SAN FRANCISCO MEDICAL CENTER  
TRANSPORTATION MODES

<u>Mode</u>	<u>Employees</u>	<u>Outpatients</u>	<u>Visitors</u>
Drive Alone	31%	59%	81%
Rideshare	29%	12%	4%
Transit	35%	26%	15%
Other <sup>1</sup>	<u>5%</u>	<u>3%</u>	<u>0%</u>
TOTAL	100%	100%	100%

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<sup>1</sup> Includes walking and bicycle travel.

Sources: Crain and Associates, Kaiser Permanente Medical Center San Francisco Employee Survey Findings Final Report, April, 1990; DeLeuw Cather, Transportation Systems Management Plan for Kaiser-Permanente Medical Center, October, 1979; Barbara Jarvis, TSM Coordinator, SFKP, meeting with Alice Barkley regarding employee travel modes in January, 1993.

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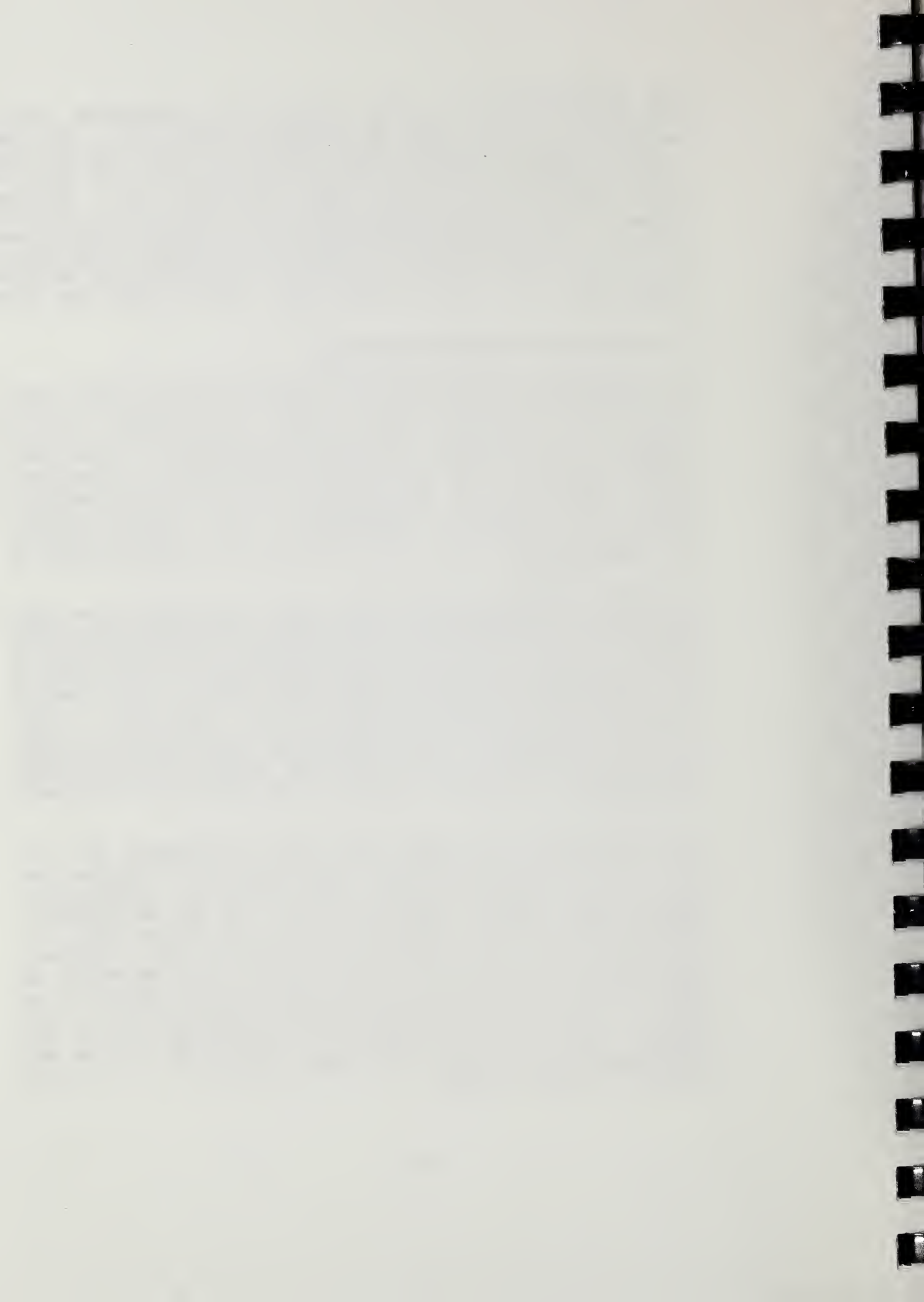
The distribution of trip origins for employees, outpatients, and visitors are shown in Table 12. Of the employees, 55% are from within San Francisco, 17% of the trips originate each from the East Bay and the Peninsula; and the remaining 11% come from the North Bay. Of the outpatients, 89% are from within San Francisco, 6% of the trips are from the Peninsula; 2% of the trips are from the East Bay. For visitors, 80% are from within San Francisco; 8% of the trips originate from the Peninsula; 4% of the trips originate from the East Bay; and 8% come from the North Bay.

### Transportation Demand Management

The 1983 Kaiser IMP indicated that the travel mode split for employees was 65% driving alone, 17% ride-sharing, 10% using public transit, and 8% using other modes. Since approval of the Kaiser North Wing Expansion, Kaiser has aggressively pursued a Transportation Demand Management (TDM) program. The TDM office provides employees and health plan members information on the public transit system and carpools. It offers for sale the MUNI Fast-Pass, BART, AC Transit, and Golden Gate commute books at the Geary Campus.

Currently, approximately 1,000 MUNI Fast-Passes are sold each month to employees, of which 90% are sold to day-shift employees, with most of the remaining 100 passes sold to evening shift employees. Each Fast-Pass is sold with a \$4.00 subsidy by Kaiser. Kaiser provides a \$2.00 subsidy for every \$30.00 BART commute ticket book sold. Bike lockers are provided for employees. To promote ride-sharing, preferential free parking for carpools is provided on the top three floors of the new garage. The existing garage (2130 O'Farrell) currently has 182 spaces reserved for carpools.

At this time, 97 carpools have been established for the day-shift employees, with a minimum of three persons per car. 436 entrance cards are issued to physicians, administrative and supportive staff, visiting physicians, vendors and regional office staff. To ensure that on-street parking is not adversely affected in the evenings, the changeover between the day-shift and evening-shift is spaced over a 30-minute period. Kaiser's TDM record shows that 237 of 480 employees working the evening shift (3:00 PM to 11:00 PM) are provided with free parking in the garage. All of the 266 night-shift (11:00 PM to 7:00 AM) employees are provided with free parking in the 2190 O'Farrell Street Garage.



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TABLE 12  
KAISER-PERMANENTE  
SAN FRANCISCO MEDICAL CENTER  
DISTRIBUTION OF TRIP ORIGINS

<u>Location</u>	<u>Employees</u>	<u>Outpatients</u>	<u>Visitors</u>
San Francisco	55%	89%	80%
Peninsula	17%	6%	8%
East Bay	17%	2%	4%
North Bay	11%	3%	8%
TOTAL	100%	100%	100%

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Sources: Crain and Associates, Kaiser Permanente Medical Center San Francisco Employee Survey Findings Final Report, April, 1990; DeLeuw Cather, Transportation Systems Management Plan for Kaiser-Permanente Medical Center, October, 1979.

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As a result of its aggressive implementation of the TDM program, the day-shift employees use of public transit and carpools has risen to 64% in 1992.

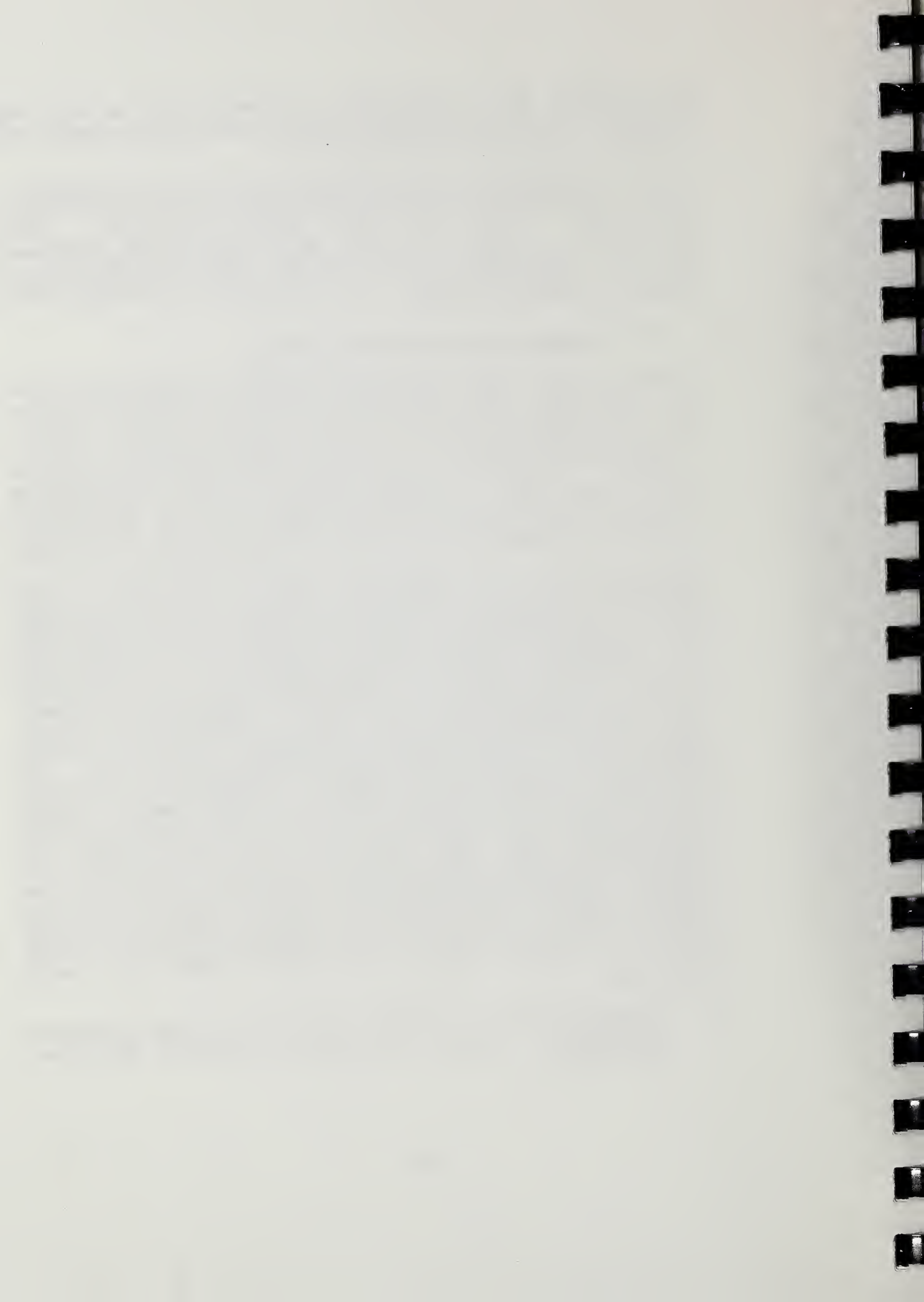
Kaiser's TDM program is staffed by a part-time coordinator, a full-time assistant to the coordinator, and 6.5 full-time equivalent drivers for the shuttle service. The coordinator is Carl Dudley, who is Security Services Manager; approximately 50% of his time is devoted to supervising the TDM staff. Anita Nachshen is the full-time assistant to Mr. Dudley.

#### 6. Loading Facilities and Truck Traffic

Kaiser's Geary campus truck deliveries are generated by two main sources: 1) trucks which operate between Kaiser's main Distribution Center, located at 2130 O'Farrell Street, and other facilities within the Kaiser Campuses; and 2) trucks which deliver to the Kaiser Campuses from external origins. Trucks which operate between the Distribution Center and other Kaiser Facilities can be considered internal trips; whereas, trucks operating from outside the Distribution Center would be considered external in nature.

There are four (4) off-street loading facilities at the Geary Campus. The Distribution Center and main storage area is located at 2130 O'Farrell Street, which serves both the Geary and French Campuses. The Distribution Center has two off-street freight loading spaces. To the maximum extent feasible (except for food delivery), all deliveries by Kaiser's suppliers are made to the Distribution Center. The Distribution Center has two (2) off-street freight loading spaces. The Hospital (inpatient facility) at the Geary Campus has two off-street loading facilities. One off-street freight loading space is located off O'Farrell Street between Lyon Street and St. Joseph Avenue (please see Figure 8 for loading locations). At present, this loading facility does not have sufficient depth to accommodate large semi-trucks, causing such trucks to intrude onto the sidewalk and parking lane. As part of the seismic upgrade of the original Hospital Wing, this loading facility will be redesigned to eliminate intrusion into the street. The remaining off-street loading space is located off Lyon Street, between O'Farrell Street and Geary Boulevard.

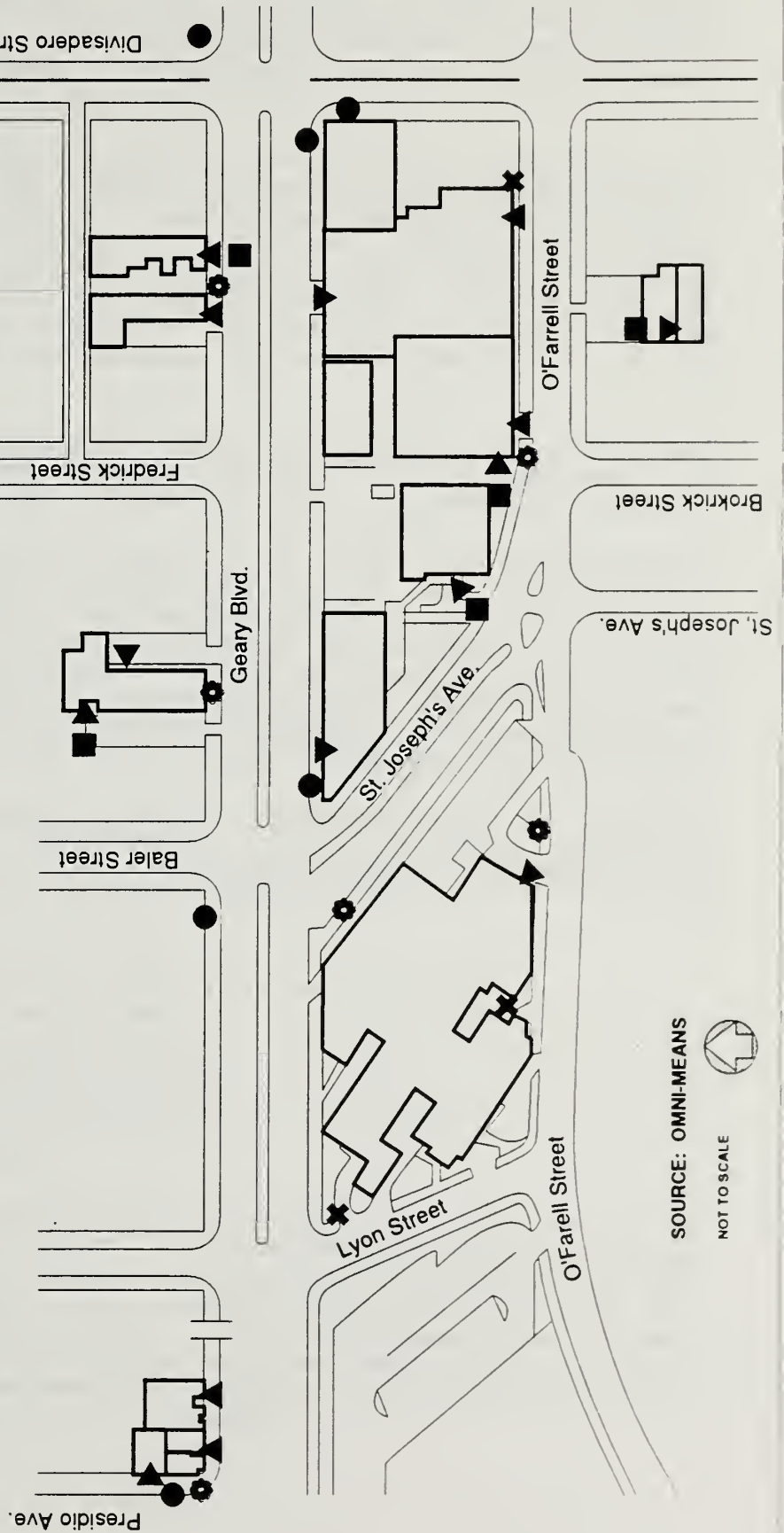
- A. External Trips. External trips are in the following categories: Linen, Food Service, Hospital Supplies, and Other.



**Figure 8**  
**Freight Loading Zones: Geary Campus**

**LEGEND**

- ▲ Building Entrance Garage
- Indicates Handicapped Accessible
- ⊕ Kaiser Shuttle Bus Stop
- Muni Bus Stop
- ✕ Freight Loading Zones







Linen Delivery. Kaiser receives linen deliveries twice a day, Monday through Friday at the Geary Campus from its Livermore Distribution Center. One delivery occurs between 7:00 AM and 8:00 AM and the other between 10:30 AM and 11:00 AM.

Food Supplies. Kaiser receives food supplies for inpatient use and its cafeteria at the Geary Campus. There are nine (9) deliveries Monday through Friday between the hours of 6:00 AM and 1:00 PM with loading and unloading time of 10-30 minutes. Another delivery occurs between 8:20 PM and 9:20 PM. On Saturday and Sunday there are three (3) deliveries between 8:00 AM and 1:00 PM and another delivery between 8:20 PM and 9:20 PM.

Hospital Supplies. Hospital supplies are delivered once per week between the hours of 12:30 PM and 1:30 PM to the 2130 O'Farrell Street Distribution Center.

Other Supplies. There are 11 other truck deliveries daily, Monday through Friday to the Distribution Center between the hours of 7:00 AM and 4:30 PM. One of these deliveries (at 8:00 AM) is made by a truck owned and operated by Kaiser delivering supplies from its Livermore Distribution Center. Oxygen and other supplies used by the Acute Hospital are only delivered to the Hospital at the Lyon Street loading facility.

- B. Internal Trips. Kaiser operates three (3) trucks between the Distribution Center at 2130 O'Farrell Street to distribute supplies, medical records, and files at the following locations:

2200 O'Farrell Street  
2425 Geary Boulevard (at Loading Dock)  
350 St. Joseph Avenue  
2280 Geary Boulevard  
1635 Divisadero Street  
Hospital Emergency Room  
2350 Geary Boulevard  
French Campus

Truck deliveries begin at 6:30 AM to 7:30 AM at the Distribution Center. Deliveries within the buildings at the Geary Campus, the satellite buildings, and the French Campus occur between 6:30 AM and 3:25 PM, Monday through Friday. One truck operates between the Distribution Center and the Emergency Room three days a week between the hours of 10:45 AM and 2:45 PM, with a headway of ten minutes.



Truck deliveries would potentially impact the AM peak hour traffic but not during the 4:30-5:30 PM peak hour. During the AM peak hour, there would be a maximum of ten truck trips (5 in, 5 out) at either the Distribution Center or Geary Campus. The amount of AM peak hour truck deliveries would not affect existing study intersection operation. However, it is noted that on occasion, queuing of delivery trucks occurs for a short period of time when off-street freight loading facilities are occupied. For those buildings without off-street loading facilities, trucks are double-parked when loading and unloading.

#### 4.4.2 CHEMICAL DEPENDENCY PROGRAM

In 1990, Kaiser was approached by several major San Francisco employers to provide an intensive Chemical Dependency Recovery Program for their employees and families with chemical dependency problems. Kaiser has leased approximately 10,510 gsf of ground floor office space at the 1201 Fillmore Street for this program. This program began operation in April, 1993.

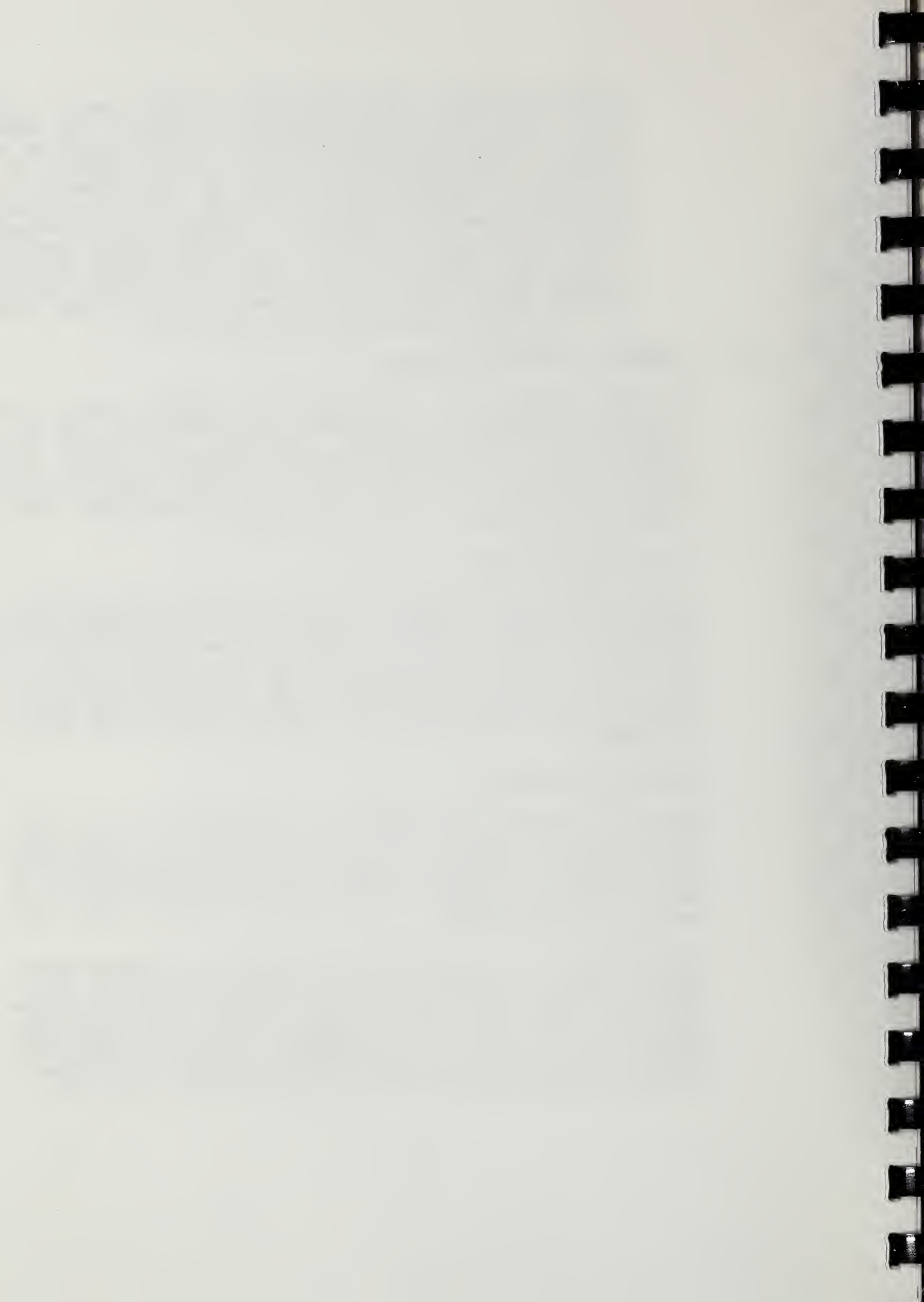
##### Hours of Operation

This program operates seven (7) days a week. The operating hours are 8:00 AM to 9:00 PM, Monday through Thursday; 8:00 AM to 6:00 PM on Friday, and 9:00 AM to 3:00 PM on weekends. Peak hours of operation are projected to be between 8:00 AM and 11:00 AM, and between 5:00 PM and 9:00 PM on weekdays, and between 8:00 AM and 12:00 PM on weekends. Evening programs are designed mainly for family counseling.

##### Program Population

Between 120 and 150 persons are projected to use this program. The average number of outpatients at this site would be 80 per day during the week, and 60 per day during the weekend. A maximum of 40 outpatients would be on the site at any particular time each day during the week attending the program.

In addition to the outpatient programs for Kaiser members, Kaiser plans to hold Alcoholic Anonymous meetings, which are open to the community at large. These meetings will be held at lunch time, weekends or evenings. If sufficient demand for these Alcoholic Anonymous meetings exists, the number of such meetings may grow to four or five times a week, with attendance of 60 to 80 persons per meeting.





A total of 18 full-time equivalent employees are employed, with the number expected to increase to 26 full-time equivalent positions by 1996. During weekdays, a maximum of 13 employees will be on site during the day shift, with a maximum of 15 employees on site in the future. During the weekend, it is anticipated that there will be six (6) employees on site. One of the employees for each shift will be assigned to security.

This program occupies previously vacant ground floor commercial space at the Fillmore Center. The Fillmore Center is planned as a mixed-use development with sufficient off-street parking space to serve the commercial users. Under the terms of its lease, this program has the exclusive use of 18 off-street parking spaces, and shares the remaining 200 public spaces with the Center. Approximately 85% of the outpatients using this clinic are either residents of San Francisco, or work in the City. This site is well served by public transit in that MUNI Lines 38 and 31 are within one block of the site, and MUNI Line 22 stops within one-half block of the site.

#### 4.4.3 FRENCH CAMPUS

##### 1. Street Network

Primary access to the Campus is provided by Geary Boulevard, which is a six-lane east-west thoroughfare with raised medians and signals at major intersections. Other two-lane, north-south streets providing access to the Campus include Fifth Avenue and Sixth Avenue, both having signalized intersections with Geary Boulevard. Anza Street is located one-block south of Geary Boulevard and travels in an east-west direction with two travel lanes (see Figure 2).

##### Existing Traffic Flow Conditions

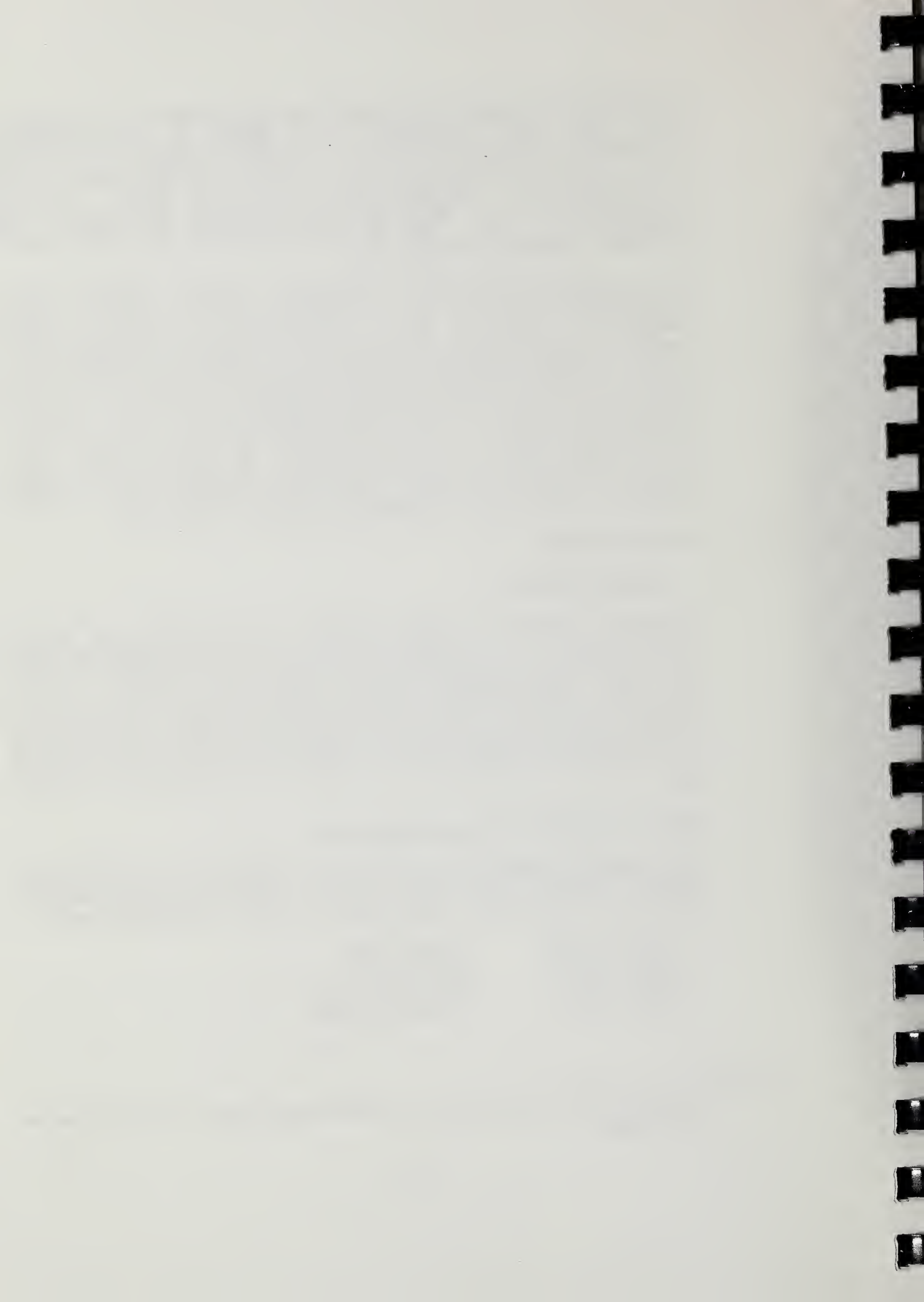
To determine existing traffic flow conditions in the French Campus study area, both AM and PM peak hour turning movement counts were conducted for four intersections:<sup>7</sup>

Geary/Sixth	Signalized
Geary/Fifth	Signalized
Anza/Sixth	Four-way-stop
Anza/Fifth	Four-way stop

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<sup>7</sup> These intersections were chosen because they are the intersections most affected by the Geary and French Campuses.





Vehicle counts were conducted during the peak hours, 7:30 AM to 8:30 AM, and 4:30 PM to 5:30 PM. All study intersections are operating with short traffic delays or little or no delay during the AM and PM peak hours.

During off-peak hours, based on field observation, all intersections are operating with short traffic delays or little or no delays.

## 2. Transit Network

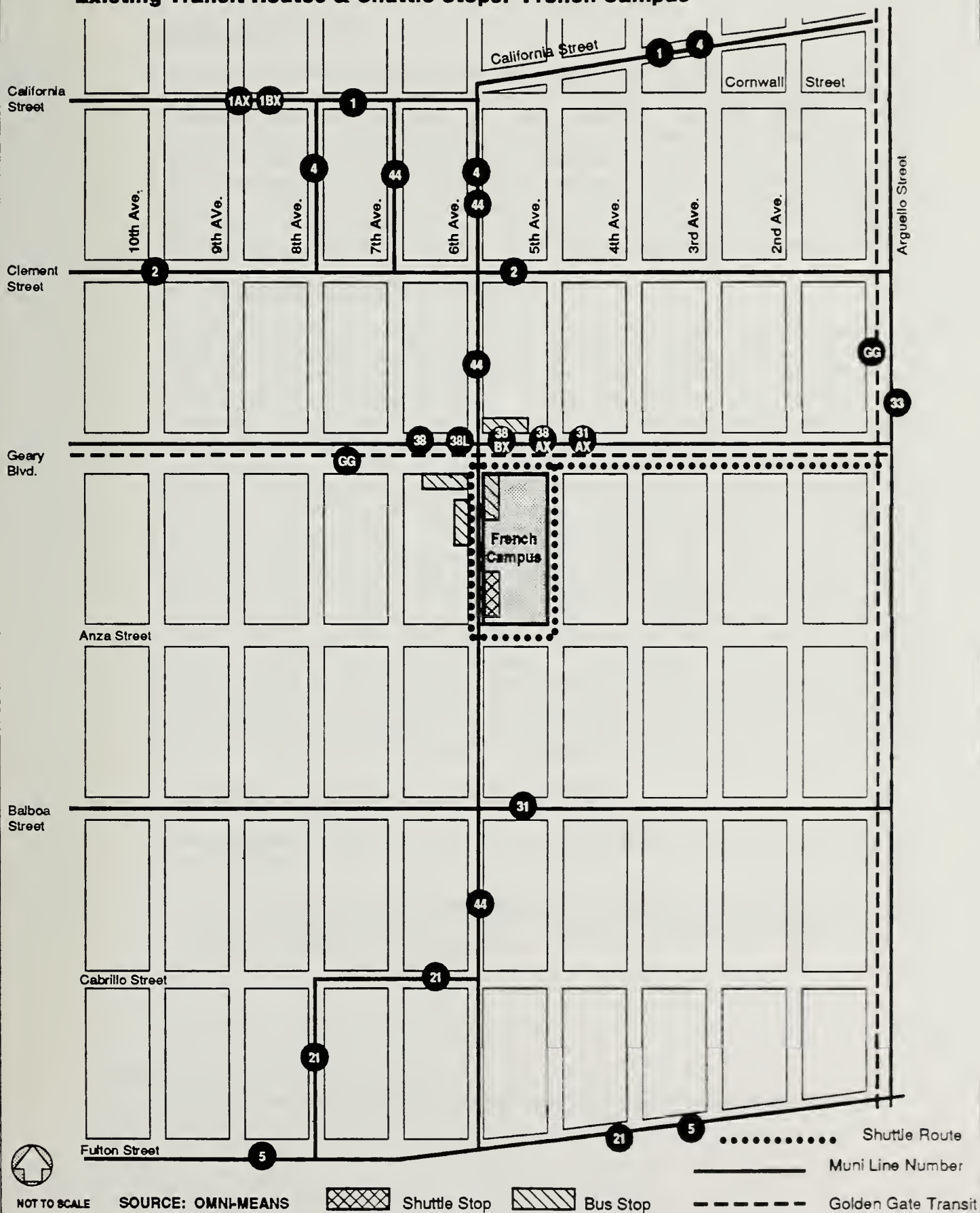
Golden Gate Transit provides nearby direct access to and from Marin and Sonoma Counties. BART and AC Transit provide access to and from the East Bay. SamTrans and CalTrans provide access from the South Bay.

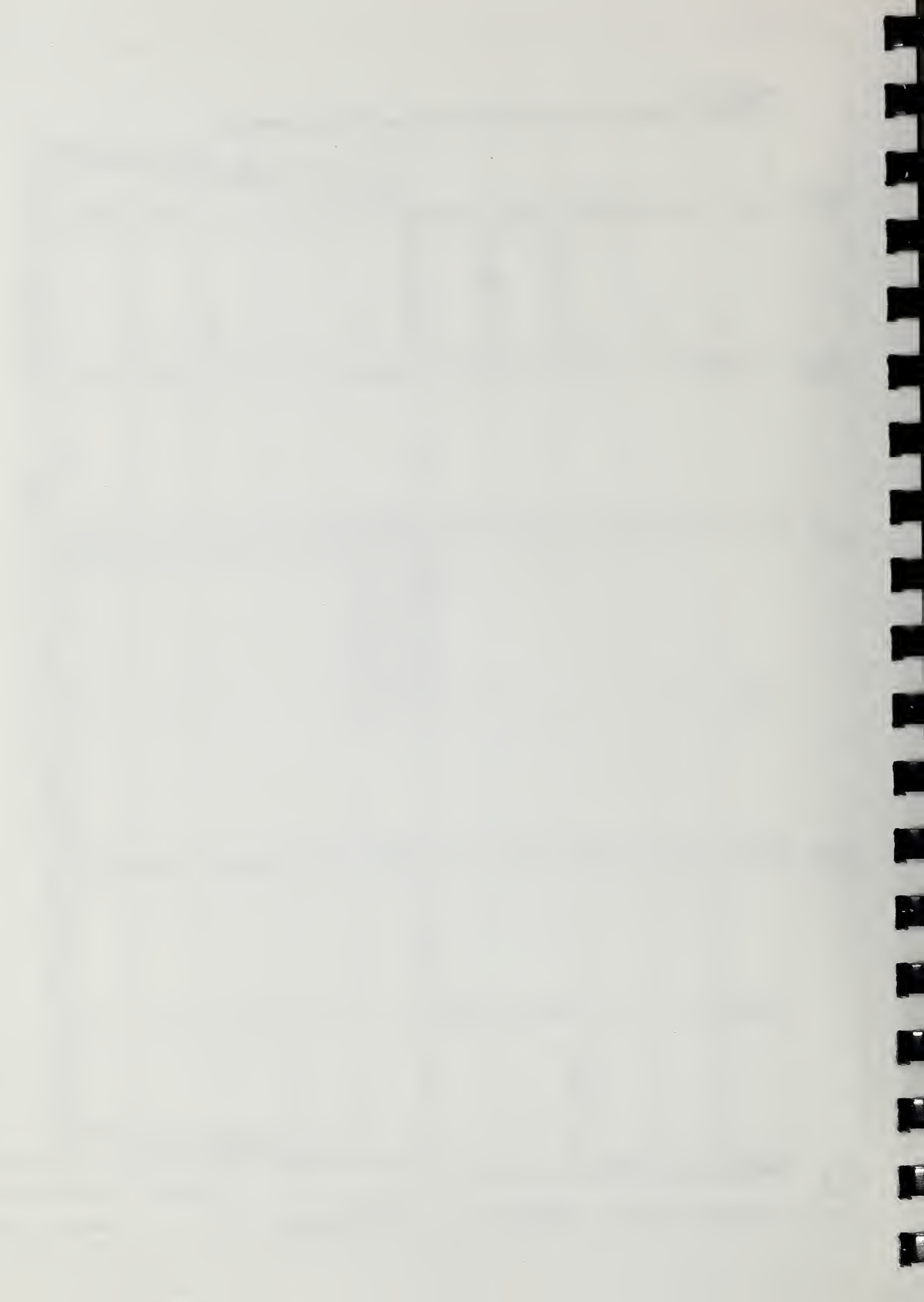
Within an approximate four-block walking distance (about 1,000 to 1,600 feet), sixteen (16) MUNI lines including Nos. 1, 1AX and 1BX, 2, 4, 5, 21, 31, 31AX and 31BX, 33, 38, 38L, 38AX, 38BX and 44 serve the French Campus (please see Figure 9 for transit routes and bus stop locations). These east-west MUNI lines are located on Pine Street, Bush Street, Sutter Street, Geary Boulevard, and Turk Street-Balboa Street. MUNI lines 33 and 44 serve the French Campus in a north-south direction. MUNI lines 5 and 21 also serve the campus in an east-west direction. Based on a survey of MUNI ridership data (conducted January 1993), several MUNI lines are operating near capacity during the peak hours. Capacity is defined as all seats being occupied plus 50% standees. This equates to a "load factor" for each line. Load factors over 1.55 are considered saturated by MUNI staff. Load factors for all studied MUNI lines are as follows: Line 1 (0.76), Line 1AX (1.53), Line 1BX (1.33), Line 2 (0.51), Line 4 (0.27), Line 5 (0.51), Line 21 (0.16), Line 31 (0.60), Line 31AX (1.28), Line 31BX (1.36), Line 33 (0.30), Line 38 (0.85), Line 38AX (0.65), Line 38BX (1.05), Line 38L (1.42), and Line 44 (0.96). It is noted that the nearest possible bus stop locations were used to determine current load factors.

Please refer to the Transit Network discussion for the Geary Campus for Kaiser operated shuttle services, as this discussion applies to both Campuses.



**Figure 9**  
**Existing Transit Routes & Shuttle Stops: French Campus**







### 3. Parking

#### Parking Surveys

During the mid-afternoon peak period, a survey of existing on-street parking within a two-block radius of the French Campus was conducted.<sup>8</sup> The French Campus survey area consisted of the blocks bounded by Geary Boulevard, 4th Avenue, Anza Street and 7th Avenue. Based on this survey, the on-street occupancy rate around the French Campus is 91%. Along Geary Boulevard there is limited metered parking. There are few time restrictions for on-street parking on Fourth, Fifth, Sixth, and Seventh Avenues.

#### Existing Off-Street Parking

Kaiser's French Campus presently has 339 off-street parking spaces located on-Campus, of which 272 spaces are located in the underground garage under the Hospital, the Pasteur Building, and the plaza. The remaining 67 spaces are located on surface parking lots on-Campus, with 62 spaces in the plaza area off 5th Avenue (see Figure 10). However, pursuant to lease obligations assumed by Kaiser when the French Campus was purchased, only 150 of these spaces are available to Kaiser (the remaining spaces being leased to existing tenants). The remaining 189 spaces are used by the physicians leasing office space at the 4141 Geary Medical Office Building. Kaiser charges the same monthly and hourly rates as the main Geary Campus for employees, outpatients, and visitors. Upon termination of the leased tenant spaces at the French Campus in 1996, these spaces will revert back to Kaiser. Currently, 70 of the 150 spaces are allocated to employees, and 80 to visitors and outpatients. It is noted that many of the employees park at the 2130 O'Farrell Street Garage and use the shuttle service to/from the French Campus.

#### Existing Off-Street Parking Demand

The French Campus' peak parking demand has been estimated as follows:

- 476 average daily employees (includes day and evening shift employees with overlapping parking demands) x 31% drive alone = 148 spaces

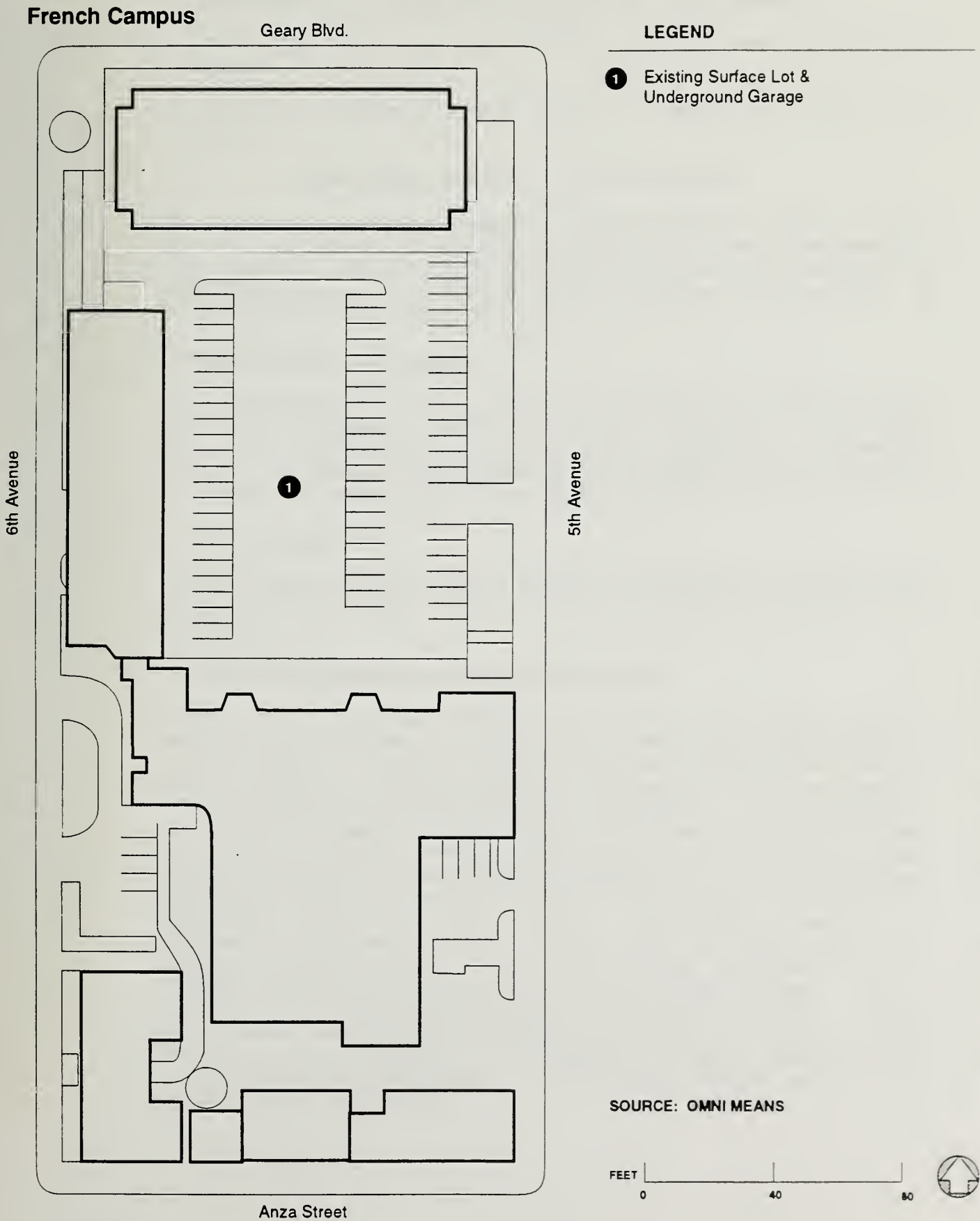
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8

Omni-Means, on-street parking survey at the Kaiser French Campus (1:00-3:30 PM) on 1-29-93.



**Figure 10**  
**Existing Parking Location: French Campus**





- 476 average daily employees (includes day and evening shift employees with overlapping parking demands) x 29% rideshare / 2.44 persons per auto = 57 spaces
- 534 daily outpatients x 71% auto / 6 turnovers daily = 63 spaces
- 70 daily visitors x 85% auto / 4 turnovers daily = 15 spaces

**Total Peak Demand = 283 spaces**

The existing parking demand for the French Campus is 283 spaces, of which 78 spaces are needed to meet outpatient and visitor demand. With only 70 spaces allocated to employees to meet a demand of 205 spaces, the deficit is being met at the Geary Campus.

#### 4. Pedestrian Environment

The French Campus has multiple entrances to the Hospital and the existing Medical Office Building from Geary Boulevard, Sixth Avenue, and Fifth Avenue. Sidewalks around the campus are observed to be open during both the peak and off-peak hours (see Figure 11).

#### 5. Travel Demand

Please refer to the travel demand discussion for the Geary Campus as this data applies to both the Geary and French Campuses.

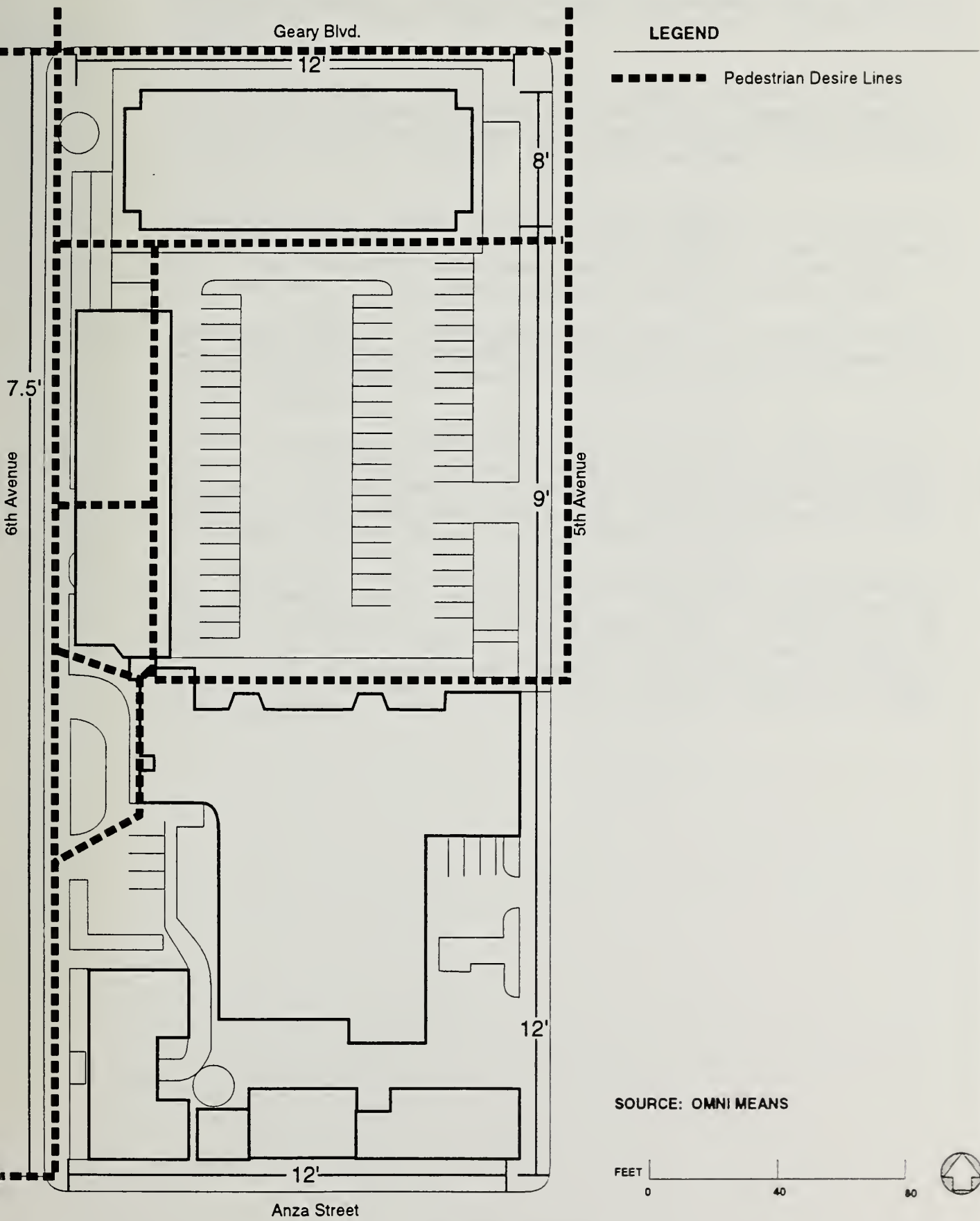
#### 6. Loading Facilities and Truck Traffic

Please refer to the loading facilities and truck traffic section for the Geary Campus for a general description of truck traffic. The off-street freight loading area for the French Campus is off 5th Avenue adjacent to the new Central Plant Building and the emergency entrance. As of February 1, 1994, the Central Plant Building is under construction, and the freight loading area is now a staging area. Freight loading has been moved temporarily to the emergency entrance area, since French Hospital does not have an emergency room at this time. Currently, Kaiser is reviewing the feasibility of providing an additional off-street loading area. There is no plan at this time to expand the storage facility at the French Campus. It is noted that on occasion queuing of delivery trucks occurs for a short period of time when off-street freight loading facilities are occupied. For those buildings without off-street loading facilities, trucks are double-parked when loading and unloading.





**Figure 11**  
**Pedestrian Desire Lines & Usable Sidewalk Widths: French Campus**





- A. External Trips. External trips fall under the following categories: Linen, Food Service, Hospital Supplies, and Other.

Linen Delivery. Kaiser receives linen deliveries twice a day, Monday through Friday at the French Campus from its Livermore Distribution Center. One delivery occurs between 6:00 AM and 7:00 AM and the other between 10:30 AM and 11:00 AM.

Food Supplies. Kaiser receives food supplies for inpatient use and its cafeteria at the French Campus. There are six (6) truck deliveries between the hours of 6:30 AM and 2:00 PM, and one (1) delivery between 9:30 PM and 10:30 PM.

- B. Internal Trips. Kaiser operates three (3) trucks between the Distribution Center at 2130 O'Farrell Street to distribute supplies, medical records, and files to the French Campus.

Truck deliveries begin at 6:30 AM at the Distribution Center. Deliveries within the buildings at the French Campus occur between 6:30 AM and 3:25 PM, Monday through Friday. There are ten (10) truck deliveries per day from the Distribution Center to the French Campus.

The main effect of the truck deliveries would occur during the AM peak hour (7:30-8:30 AM), and would not have any impact during the 4:30-5:30 PM peak hour. During the AM peak hour, there would be a maximum of ten truck trips (5 in, 5 out) at the French Campus. The amount of AM peak hour truck deliveries would not affect existing study intersection.





## **5. CURRENT AND FUTURE NEEDS**

### **5.1 Overcrowding of Existing Facilities**

#### **5.1.1 Inpatient Facilities**

Both the Geary Campus and the French Campus are overcrowded. In 1992, Kaiser had 306 beds in service at both Campuses. The projected inpatient needs will be met only upon completion of the renovation of the Acute Hospitals of both Campuses and renovation of the Pasteur Building at the French Campus, bringing the total inpatient beds in service to 421.

#### **5.1.2 Outpatient Services**

The current and projected outpatient service needs far exceed the physical capacities of the Medical Center. For example, the existing outpatient provider building at the 2200 O'Farrell Street Building houses nearly 114 physicians and support staff. Under Kaiser's planning criteria of approximately 1,300 gsf for every outpatient service physician, the 2200 O'Farrell Street Building, with 105,410 gsf, should house only 81 physicians.

Kaiser has used stop-gap measures to cope with the space deficit by acquiring or leasing spaces in a number of small commercial buildings near the Geary Campus. The Geary Campus is on a hill with its inpatient and outpatient facilities on different blocks. This physical separation has resulted in some duplication of laboratory, radiology, materials management, medical records and other services.

Kaiser currently has a deficit of approximately 217,250 gsf of outpatient and support services space with the following undesirable consequences:

- physicians and managers have to double-up on offices and examination rooms, resulting in extended waiting time for members;
- new therapies and technologies, including respiratory treatments, outpatient infusion and limited observation services, experience operational inefficiencies and inconvenience for patients; and
- health educational programs are limited in duration, class size, and effectiveness.

If the proposed construction plans outlined in the Five- and Ten- Year Plans are not implemented, the increasing outpatient space deficit will result in an increase of unmet service demands.



## 5.2 THE FACTORS LEADING TO NEED FOR MORE OUTPATIENT SPACE

### 5.2.1 Expansion Has Not Paralleled Membership Growth

Since the outpatient service facilities at 2200 O'Farrell Street were completed in 1964, Kaiser's membership in San Francisco has grown from 107,838 to 170,000 at the end of 1992. Lack of outpatient service space has prevented Kaiser from being able to hire additional physicians, which in turn, results in a higher physician/patient load with consequential longer waiting periods for routine care. In order to improve the scope and quality of its services, Kaiser must increase the physician-to-member ratio. The addition of one physician requires a corresponding increase of 3.2 support staff, and approximately 1,300 gsf of work area. Consequently, enhancement of outpatient service accounts for 63% of the projected increase in space needs. Ultimately, Kaiser wishes to replace the present leased space with facilities owned by Kaiser. Therefore, between the years 1992 and 2002, an additional 143,000 gsf of outpatient facilities will be needed, in addition to the current deficit of 217,250 gsf, for a total deficit of 360,250 gsf.

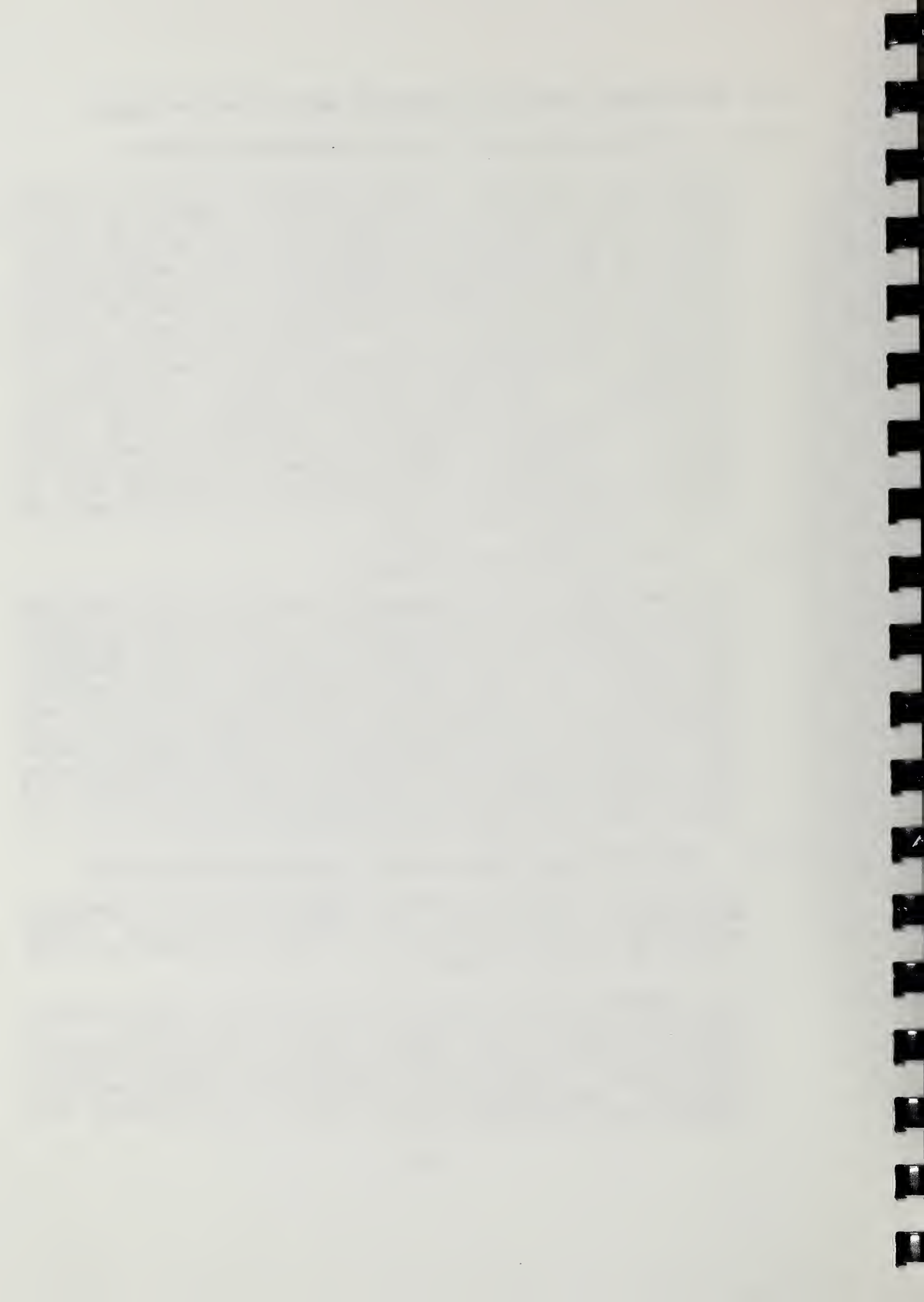
### 5.2.2 Advances in Medical Technology

Advanced medical technology and specialty medical practices creates demand for new diagnostic tests, such as laser, magnetic resonance imaging, and bone densitometry equipment, all of which require additional space. State mandated requirements governing central mechanical systems (heating, ventilation, air conditioning, and medical gases), and changing nursing protocols for patient care, have increased the inpatient care requirement by 30 gsf per patient since 1983. Invasive cardiology procedures, infertility services, intrauterine transfusions, increased use of day surgery and other preventive services (such as endoscopic procedures), all require additional procedure and recovery areas.

### 5.2.3 Expanding Membership And Changing Membership Profile

Although San Francisco has a relatively static resident population, since 1983, the membership of the Kaiser Permanente San Francisco Medical Center has grown 9%, from 155,000 to 170,000 members.

The characteristics of the patient population have changed, along with the demographics of the City as a whole. The increased number of non-English speaking, AIDS, and elderly patients requires more support services, including benefit coordinators, interpreters, multi-lingual staff, and case managers. Implementation of home-health care programs also requires more outpatient space.





### 5.3 EXPANSION FOR FUTURE

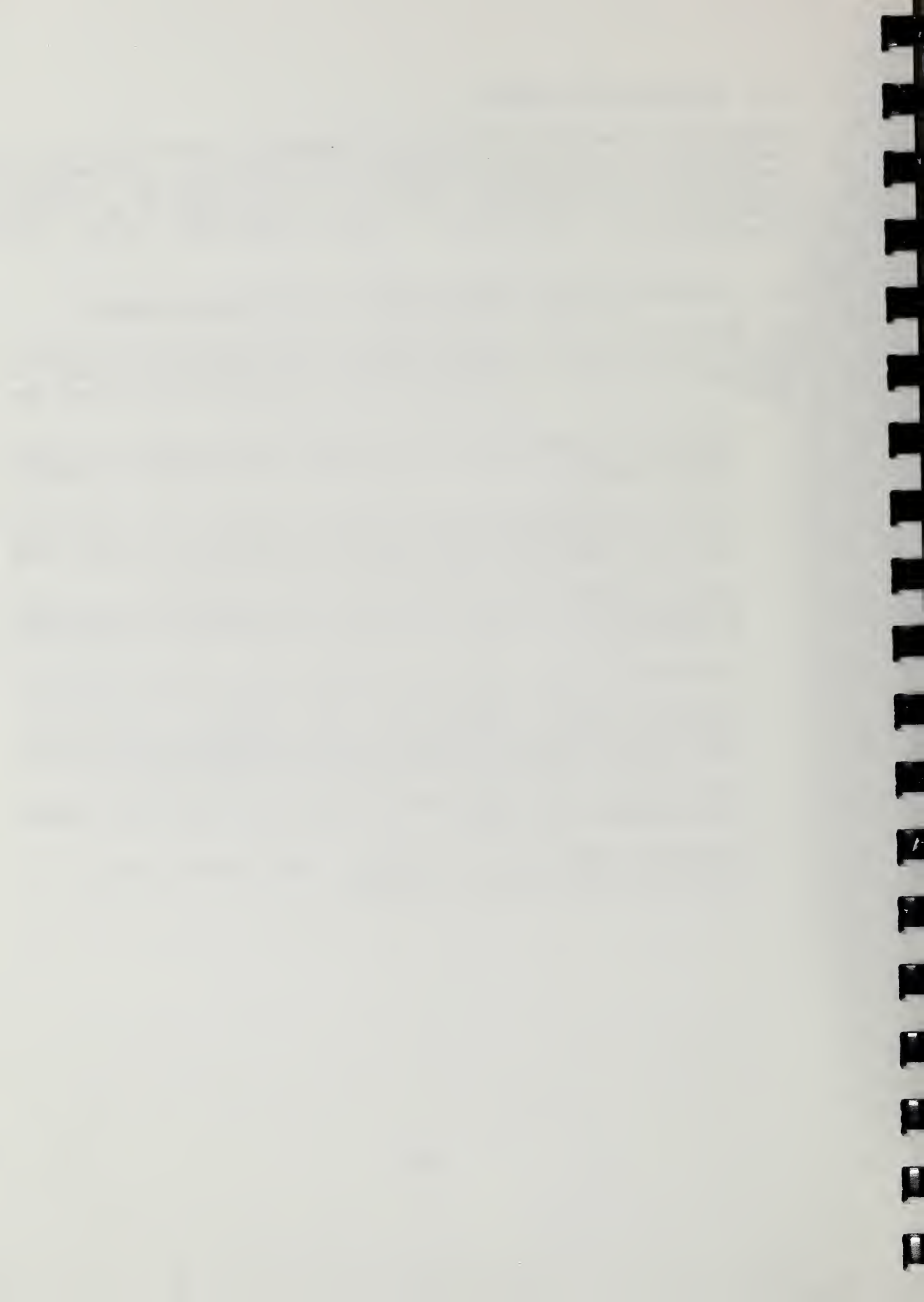
Kaiser has formulated a plan that is projected to be implemented in two phases -- a Five-Year Plan and a Ten-Year Plan -- to meet its current and projected space demands. The development plan involves renovation to the existing facilities, reorganization of medical services, and acquisition of new facilities and/or new construction.

### 5.4 PLANNING CRITERIA FOR EXPANSION OF THE MEDICAL CENTER

In addition to relevant policies and objectives of the City's Master Plan, the following objectives are used by Kaiser in planning its future expansion and site selection for the next ten years:

- develop outpatient service buildings for each Campus to house existing, relocated and new services, physicians and support office staff;
- locate the new facilities along major transportation corridors to promote membership access, the use of public transit, and the goals and objectives of Kaiser's TSM Program;
- control costs by avoiding duplication of support services for outpatient care by locating new buildings adjacent to existing facilities;
- replace all leased facilities with facilities owned by Kaiser;
- minimize traffic, travel time, and impact on commercial/residential neighborhoods by locating additional facilities on the existing Campuses or immediately adjacent thereto;
- lease approximately 55,300 gsf of space near the Geary Campus for outpatient services;
- eliminate the use of trailers temporarily housing 14 physicians specializing in OB/GYN.





## **6. DEVELOPMENT PLANS FOR THE NEXT FIVE YEARS**

### **6.1 OVERVIEW**

Kaiser's goal is to construct, acquire, or lease 172,070 gsf, or more, of new outpatient space by the year 1997. A central feature of the Five-Year Plan is the implementation of a division of functions between the Geary and French Campuses. This division is designed to maximize operational efficiency at each Hospital, to match bed/office and operating room demand, and to allow for continuity of outpatient and inpatient services by specialty at each Campus. By 1997, it is expected that the French Campus will be used to provide obstetric, gynecologic, pediatric and urologic services, and some same-day surgeries. It is Kaiser's plan for the Geary Campus to provide all other services and be dedicated primarily to general medical, surgical and tertiary level services.

### **6.2 PLANS FOR THE GEARY CAMPUS**

In 1991, Kaiser completed construction of the North and East Wings of the Geary Hospital, including the installation of Magnetic Resonance Imaging equipment in the North Wing, and a new 550-car garage. New construction and renovation of existing facilities projected to begin or to be completed within the Five-Year Plan include the following:

#### **6.2.1 Inpatient**

Seismic upgrade and other renovations of the original Hospital building to meet today's Building Code standards, and renovation of the Emergency Department. Upon completion of renovation of the original Hospital Building, Kaiser will have sufficient inpatient beds to meet its inpatient demand for this Campus through year 2002.

#### **6.2.2 Outpatient**

Kaiser is also considering construction of new buildings on the Geary Campus within Block 1098 (bounded by Geary Boulevard, Divisadero Street, O'Farrell Street and St. Joseph Avenue). One of the new buildings, consisting of approximately 50,000 gsf, would be constructed at the former Texaco site, which was acquired by Kaiser in 1992, and demolition and replacement of one or more of the existing buildings at 2200 O'Farrell Street, 350 St. Joseph Avenue and the 2190 O'Farrell Street Garage. Such construction would facilitate replacement of the currently leased space.



If the 2200 O'Farrell Street Medical Outpatient Facility is not demolished, it would undergo voluntary seismic upgrade and renovation to meet today's Building Code standards and to enhance outpatient services. Kaiser would need to lease or acquire additional outpatient facilities to facilitate temporary relocation of 55 physicians and support staff during the renovation.

At the completion of the Five-Year Plan, the Geary Campus will have a total of 190,110 gsf of outpatient clinic space.

#### 6.2.3 Other

Redevelop the existing 2139 O'Farrell Street Building. Kaiser considered either the renovation of the existing building, or the demolition of the existing building, and construction of a new building with replacement parking on the ground floor. Neighborhood organizations, who are members of the Community Task Force, have objected to any expansion on the south side of O'Farrell Street. Consequently, Kaiser has abandoned redevelopment of this property.

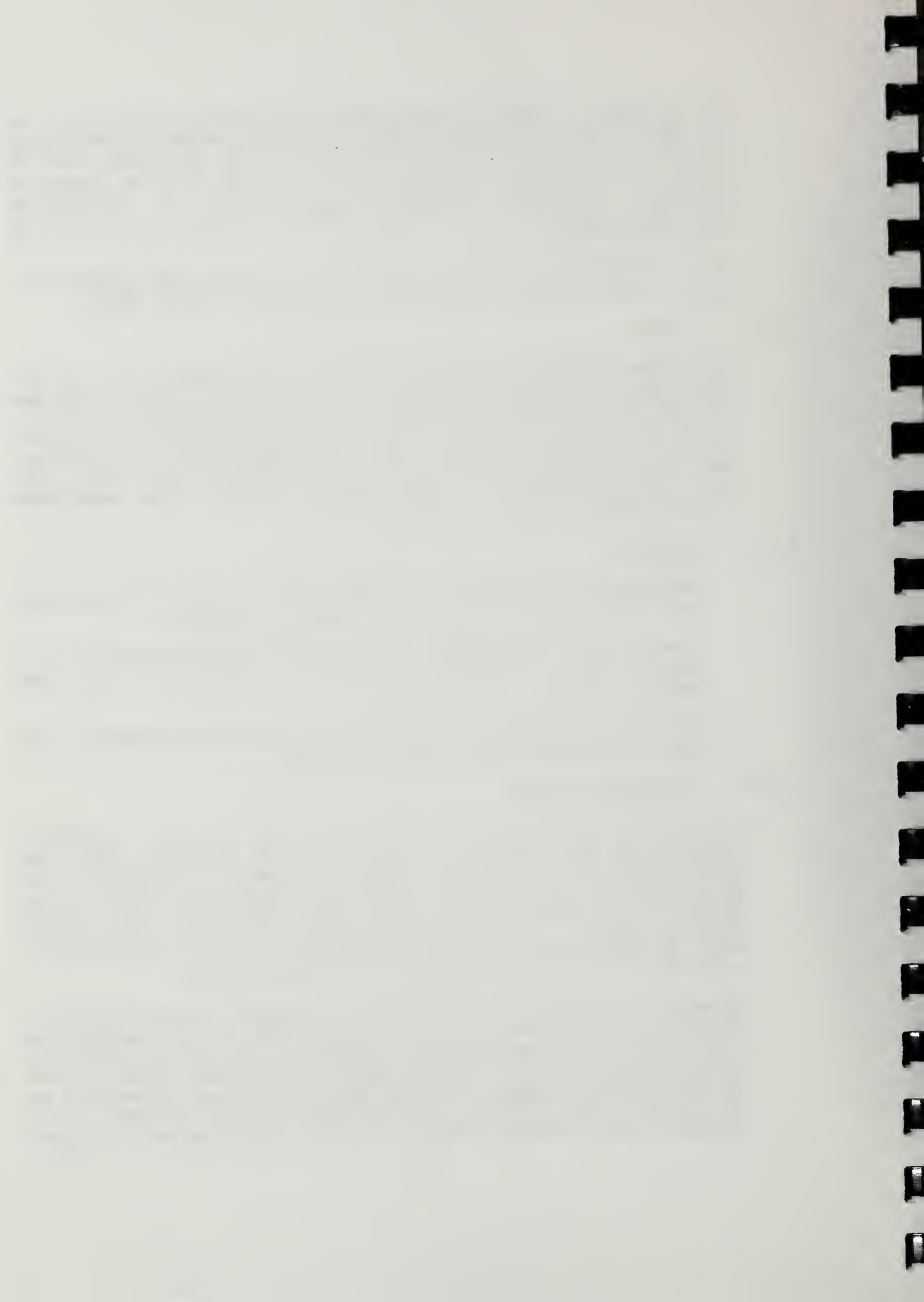
#### 6.2.4 Parking

- Re-striping of the 2130 O'Farrell Street Garage to increase the number of parking spaces from 550 to 625.
- Construct new off-street parking facilities as necessary to support new outpatient space in conjunction with new construction.
- Demolish or undertake voluntary seismic safety work on the 2190 O'Farrell Street Parking Garage.

#### 6.2.5 Alternative Site

In November of 1992, the voters of San Francisco adopted Proposition K, creating a Special Use District for the development of outpatient clinic buildings for use by a Health Maintenance Organization. This Special Use District has frontage on Broderick Street, Geary Boulevard and Garden Street (herein "Proposition K Site"), which is on the north side of Geary Boulevard and directly across from the present outpatient clinic buildings at the Geary Campus.

Kaiser is considering the lease or purchase of an Outpatient Clinic Facility that would be constructed on the Proposition K Site by the owners of that property. Such a new facility could consist of up to 250,000 gsf of outpatient clinic space and approximately 500 off-street parking spaces. Depending on the actual size of such a new facility and the effects of any presently unforeseen changes in health care demands, the lease





or purchase of a building or buildings at the Proposition K Site could provide Kaiser with the flexibility to consider the following options:

- 1) use the facility at the Proposition K Site to house outpatient care activities during renovation, or demolition and replacement, of the 2200 O'Farrell Street Building;
- 2) use the facility on the Proposition K Site to house activities currently located within the 350 St. Joseph Avenue Building during demolition and replacement of that building;
- 3) use the facility on the Proposition K Site to meet some of the present and projected deficit; and
- 4) consolidate all or some outpatient activities that currently occupy leased space premises.

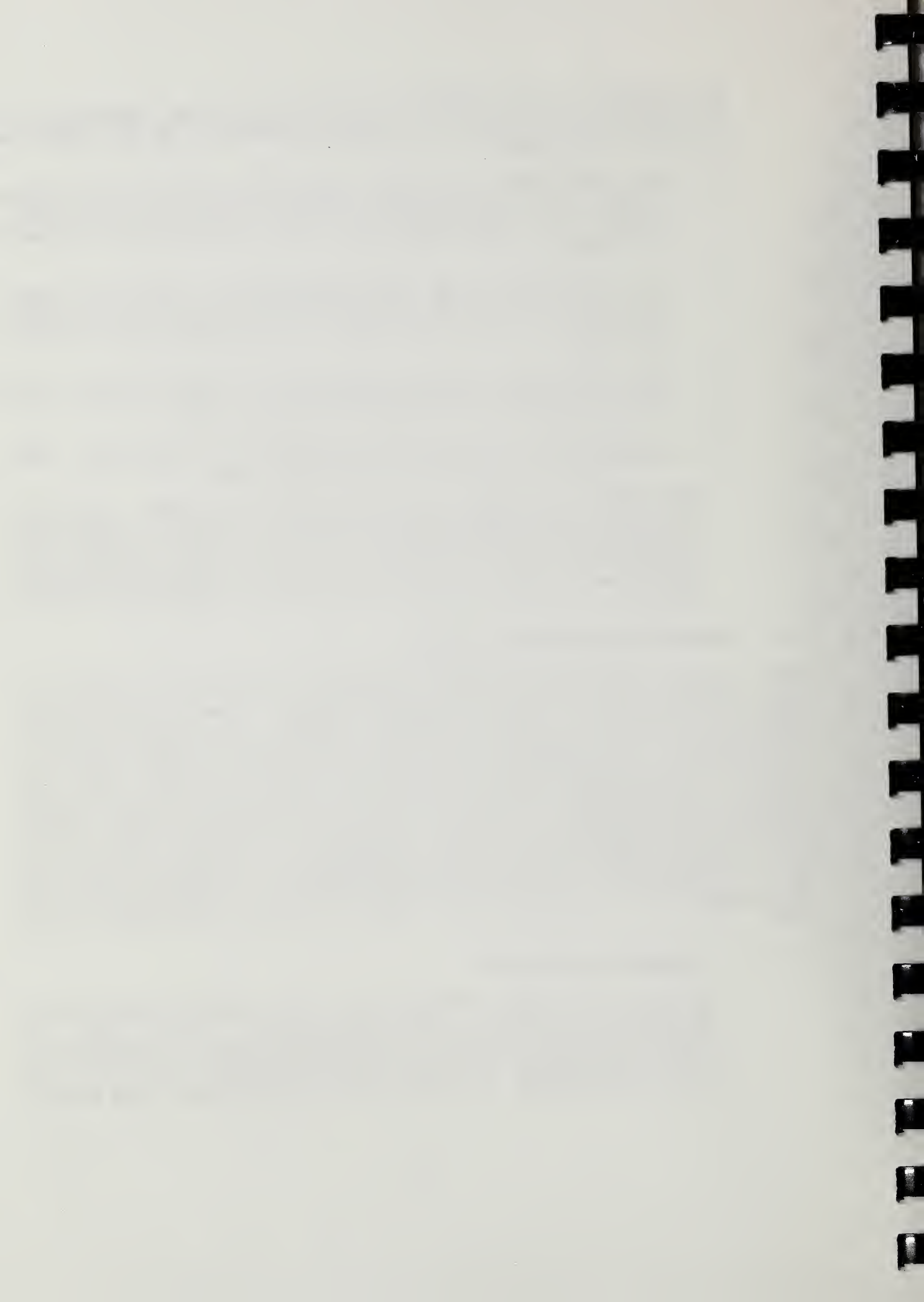
If Kaiser is unable to purchase, construct or lease additional outpatient space, and construction of additional outpatient services building or buildings occurs only within Block 1098 of the existing Geary Campus, Kaiser will still have a deficit of 150,490 gsf of outpatient service space.

### 6.3 PLANS FOR THE FRENCH CAMPUS

The Five-Year Plan for the French Campus envisions renovation of this Campus for a center for maternal and child health services for members residing in the West and North Bay. This would require renovation of the existing buildings, as well as renovation and construction of additional outpatient service offices. Because there is no suitable site available for acquisition near the French Campus, Kaiser plans to meet all of the outpatient service space needs within the French Campus boundaries. Currently, the French Campus has 78 medical or surgical patient in-service beds (out of 297 licensed beds) in the Hospital building, and temporary offices for 20 physicians in the Pasteur Building. Projects which are projected to be completed within the Five-Year Development Plan are:

#### 6.3.1 Inpatient Services

- Renovate the Linen Building as a new Central Mechanical Building, consisting of approximately 10,650 gsf, to replace the existing central mechanical plant housed in the Boiler Building, which was yellow-tagged after the Loma Prieta Earthquake. Construction of this project has begun.



- Upgrade the Hospital to meet today's seismic safety, fire safety, mechanical, electrical, heating, ventilation and air conditioning standards.
- Upgrade intensive care unit beds, renovate ambulatory surgery unit, and relocate many ancillary and support services from inpatient hospital bed spaces to other spaces before permanent renovation to a Maternal/Child Center begins.

#### 6.3.2 Outpatient

- Extend the existing mezzanine at the 4141 Geary Boulevard Building into a full floor to provide an additional 7,300 gsf of outpatient space. This construction is anticipated to begin by the end of 1994.
- Convert the ground floor retail space at the 4141 Geary Boulevard Building for outpatient services.
- Undertake voluntary seismic safety work at the 4141 Geary Boulevard Building.
- Regain leased outpatient clinic space at the 4141 Geary Boulevard Building for use by Kaiser prior to 1997, if feasible.
- Complete construction of a new wing opposite the Pasteur Building, as originally planned by the French Hospital, to add 47,400 gsf of outpatient clinic space.

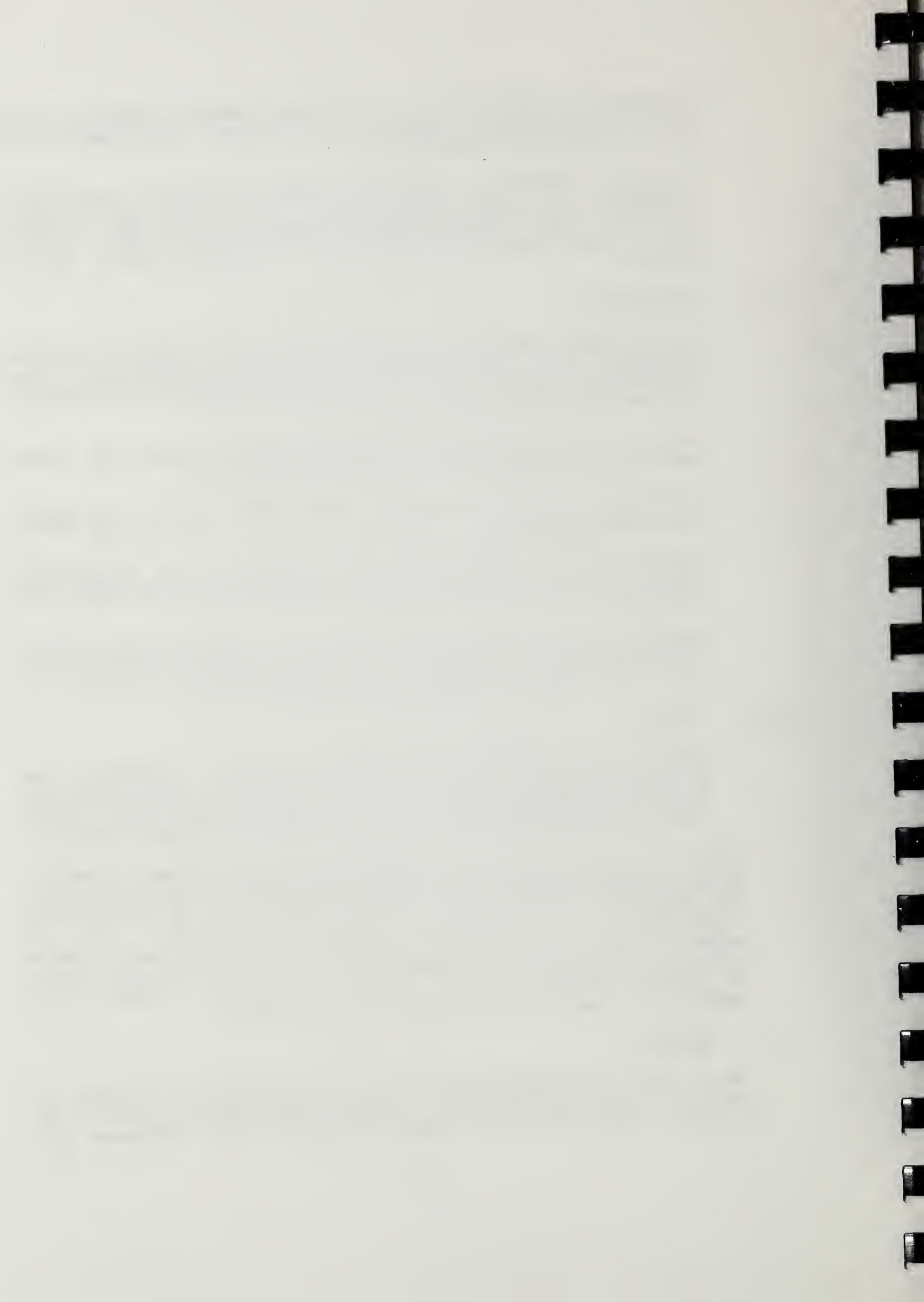
#### 6.3.3 Other

- Demolish or renovate the Anza Building. Demolish the Engineers' Building and the Boiler Building upon completion of the new Central Mechanical Building and use the vacant area for construction staging and for additional parking.

These various plans at both Campuses would require relocation of services to accommodate the phasing of space/beds necessary for Hospital construction at each Campus, and the concurrent renovations to outpatient services buildings. If the expansion plan is fully implemented by 1997, the French Campus would have 112 inpatient beds, shell space for an additional 22 medical/surgical beds, and 57 physician offices, with emphasis on maternal and pediatric services.

#### 6.3.4 Parking.

Due to the physical constraints of the existing building, no new off-street parking can be added. Construction of the new building opposite the Pasteur Building will decrease the





overall number of parking spaces by approximately 11 spaces. However, Kaiser will regain control of all off-street parking spaces subject to existing leases. Therefore, there will be a net increase from 1992 of the number of off-street parking spaces available to Kaiser. If the Anza Building, the Engineering Building and the Boiler Building are allowed to be demolished, additional parking and off-street loading facilities could be provided at this location.

#### **6.4 CONFORMITY OF THE FIVE-YEAR PLAN WITH THE CITY'S MASTER PLAN**

The following objectives and policies of the San Francisco Master Plan provide guidance to Kaiser when selecting an expansion site. Objectives are general statements of intent, and policies are specific measures through which the objectives can be met. A brief discussion of the conformity of Kaiser's plan follows the applicable Master Plan objectives and policies.

##### **6.4.1 Residence Element - Neighborhood Environment**

Objective 6: To provide a quality living environment.

Policy 3: Minimize disruption caused by expansion of institutions into residential areas.

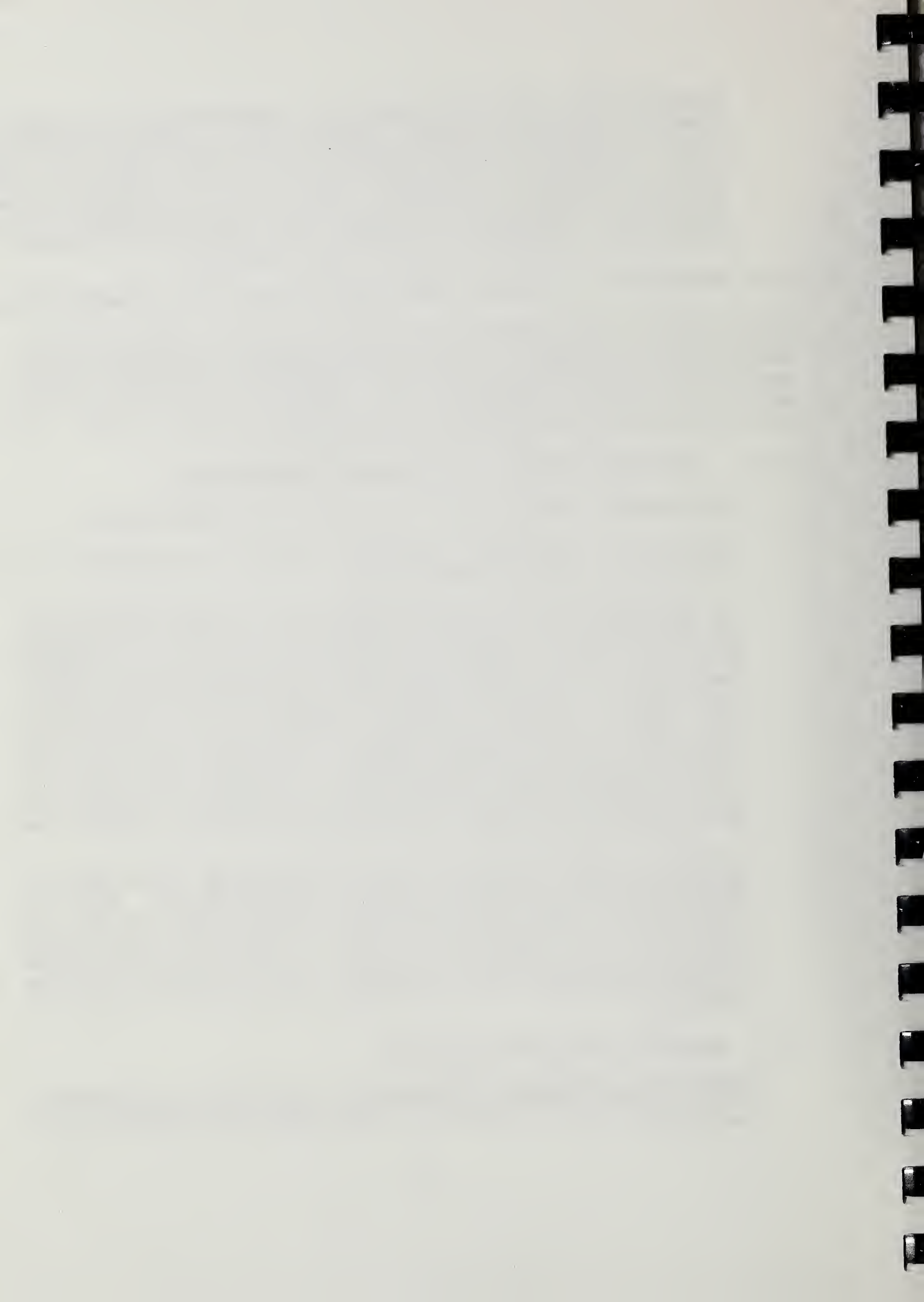
An important criteria in selecting sites for new construction, or acquisition of existing buildings to meet outpatient service demand, under the Five-Year Plan, is to minimize demolition or conversion of existing residential units. Because both of Kaiser's Campuses are adjacent to residential districts, it is preferable that expansion be contained within the Campus boundaries where feasible and practicable, especially for the French Campus. If expansion beyond the existing Campus boundaries becomes necessary, the expansion site or sites should be located on Geary Boulevard, to the extent feasible, in order to avoid or minimize disruption of the adjacent residential neighborhood.

Increased traffic would impact neighborhood environments, especially the on-street parking availability. Any new building should provide sufficient off-street parking space to meet Kaiser's future needs; Kaiser should continue to reduce reliance on automobile travel, through aggressive implementation of its TSM Program. If practicable, on-site loading facilities and passenger drop-off zones should be developed.

##### **6.4.2 Commerce and Industry Element**

Objective 6 (Neighborhood Commerce): Maintain and strengthen viable neighborhood commercial areas easily accessible to City residents.





Policy 1: Ensure and encourage the retention and provision of neighborhood-serving goods and services in the City's neighborhood commercial districts, while reorganizing and encouraging diversity among the districts.

Policy 2: Promote economically vital neighborhood commercial districts, which foster small business enterprises and entrepreneurship, and which are responsive to economic and technological innovation in the marketplace and society.

Policy 3: Preserve and promote the mixed commercial-residential character in neighborhood commercial districts. Strike a balance between the preservation of existing affordable housing and needed expansion of commercial activity.

Implementation of the Five-Year Plan would increase the populations of the Medical Center in both the Geary Campus and French Campus areas. Containment of future expansion within the Campuses, if feasible, would preserve existing ground floor commercial spaces for neighborhood-serving retail businesses. To the extent feasible, the ground floor of new buildings could include retail functions, i.e., pharmacies, optical sales, to continue the retail-serving function of Geary Boulevard.

Objective 9 (Government, Health and Education Services): Enhance San Francisco's position as a national and regional center for governmental, health and education services.

Policy 2: Encourage the extension of needed health and education services, but manage expansion to avoid or minimize disruption of adjacent residential areas.

The expansion plan of the Medical Center would enhance San Francisco's position as a regional center for health services. Confinement of expansion, as discussed above, would avoid disruption of adjacent residential areas.

#### 6.4.3 Urban Design Element-Major New Development

Objective 3: Moderation of major new development to complement the City pattern, the resources to be conserved, and the neighborhood environment.

Policy 1: Promote harmony in the visual relationship and transitions between new and older buildings.

Policy 5: Relate the height of buildings to important attributes of the City pattern, and to the height and character of existing development.



Policy 6: Relate the bulk of buildings to prevailing scale of development to avoid an overwhelming or dominating appearance in new construction.

The expansion plan contemplated for the French Campus would complete the original design of this Campus at mid-block. The new building proposed at the southwest corner of the Campus should be similar in height to the adjacent residential buildings to maintain the present scale along Anza Street. The exterior facade design would be broken down into segments to reflect the prevailing scale of nearby buildings. This could be achieved by use of color, bay windows and other articulation.

The new outpatient building, or buildings, contemplated on the Geary Campus would be similar in height to the existing buildings on the block and the Hospital up the hill. Since Geary Boulevard is six-lanes wide, with a median in the center, buildings up to eight stories in height would not be visually dominating. The exterior design of the new facilities would be reflective of the new North Wing of the Hospital, in order to provide a sense of cohesiveness of the overall Campus. To avoid the appearance of a solid unbroken street wall on Block 1098, the new building or buildings will be broken into discrete segments and articulated to appear as smaller units. Color and use of bay windows could also further decrease the horizontal massing of the individual segments.

#### 6.4.4 Transportation Element

##### Objective 2 of General Objective and Policies:

##### Use the Transportation System as a Means for Guiding Development and Improving the Environment

Policy 6: Provide incentives for the use of transit, carpools and vanpools, and reduce the need for new or expanded automobile parking facilities.

The Geary and French Campuses are easily accessible by public transportation from all areas of the City. Therefore, construction of additional outpatient facilities on the Campuses is consistent with this objective. To promote the use of transit, carpools and vanpools, Kaiser subsidizes the cost of MUNI Fast-Passes and BART-Passes for its employees; operates shuttles between the Campuses and transbay transit stops; and provides free off-street parking for carpools and vanpools.





## Objective 2 of Bicycle Plan:

### Provide Secure and Convenient Parking Facilities for Bicycles

Policy 1: Include facilities for bicycle users in commercial development.

Policy 2: Emphasize security in bicycle parking design.

Kaiser has dedicated bicycle parking areas within the 2130 O'Farrell Street Garage, which is the garage structure reserved for employees.

## **6.5 POTENTIAL ENVIRONMENTAL IMPACTS OF THE FIVE-YEAR PLAN**

### **6.5.1 Land Use Compatibility**

#### **1. Geary Campus**

Renovation of existing buildings at the Geary Campus, with minor changes to the building envelope, will not alter the existing height. The massing or scale of these existing buildings will not alter the existing land use or visual pattern of the neighborhood.

Structure, or structures, ranging from a single-story to a maximum of ten (10) stories in height would be developed at Block 1098. At the request of the Community Task Force, Kaiser caused to be prepared different alternative massing models. Care will be taken to ensure that construction of new Outpatient facilities on Block 1098 will not adversely affect any view corridor, or change the City-scape from the Anza Vista area behind the existing Hospital by keeping any new building replacing the 350 St. Joseph Building to no more than four stories in height. New buildings as high as ten stories would be constructed only if the 350 St. Joseph Street Building is demolished, and either no building or a single-story building in a park-like setting is constructed in its place. In all other development massing schemes, the maximum height of the new buildings will be eight stories, which is similar to the existing height of the 2200 O'Farrell Street Building. The different massing scheme models will be presented at the IMP hearing.

Implementation of the Five-Year Plan would intensify the institutional use in the area, especially in conjunction with proposed expansion plans of the Mt. Zion Campus by the University of California Medical Center to the northeast of the Geary Campus. Development of new outpatient clinic space along Geary Boulevard would confine expansion of Kaiser's San Francisco Medical Center to a commercially zoned area easily accessible by public transit. The increased number of



employees would have a beneficial impact to the neighborhood-serving retail businesses and services.

## **2. French Campus**

Renovations of the interior of the Hospital and the Pasteur Building will not change the physical appearance of the Campus when viewed from Geary Boulevard, and have minimal visual impact on the neighborhood. The existing land use pattern would not be different.

The construction of approximately 55,000 gsf of additional outpatient space within the boundary of the French Campus would intensify the institutional use within the block bounded by Geary Boulevard, Fifth Avenue, Anza Street and Sixth Avenue, but would not intrude into the adjacent residential neighborhoods to the east, south and west of this Campus. It would also eliminate the need for Kaiser to acquire land suitable for development of outpatient clinic facilities along Geary Boulevard, immediately adjacent to this Campus, which might result in displacement of existing neighborhood-serving retail businesses and services.

Construction of a new building opposite the Pasteur Building would complete the symmetry of the building complex, which was contemplated by the original design. However, this new building would be higher than the residential buildings on the east side of Fifth Avenue. Design of this new building will be reviewed by the Planning Commission under its Conditional Use authority. During the Conditional Use review process, the intensity of use, desirability and compatibility of the proposed buildings and uses, as well as the location and arrangement of buildings, will be carefully reviewed for compliance with the criteria set forth in Section 303(c) of the City Planning Code.

The Anza Building, and other ancillary buildings, have been determined by a structural engineer to be seismically unsound. The costs of renovating these existing buildings to meet today's Building Code and handicapped accessibility requirements would be substantially higher than that of new construction, and may be prohibitively expensive. Additionally, the French Campus lacks proper facilities for the storage of medical gases which are required to be stored separately, and has no off-street loading dock or a centralized storage area on campus. New buildings can be designed to be compatible with the prevailing scale and massing of the adjacent properties, and not disrupt the visual and land use pattern of the project vicinity. On balance, the need to maintain affordable health care, and to protect the public from seismic hazards, might outweigh preservation of these seismically unsound older buildings.





At present, there are 47 offices in the 4141 Geary Building. These offices are shared by 82 non-Kaiser physicians (or 47 full-time equivalents). Additionally, 20 physicians provide outpatient services to Kaiser members. Therefore, there are presently a total of 67 full-time equivalent physicians providing outpatient services at the French Campus. An increase to 74 full-time physicians providing outpatient services by 1997 would not have a significant impact on the neighborhood. A net addition of seven (7) new full-time physicians at the French Campus could result in an intensification of the existing use, with associated traffic impacts in the neighborhood area. The increase in daytime population at the French Campus will increase demand for neighborhood/commercial goods and services, which will have a beneficial economic effect on local businesses.

Although the physicians presently occupying the 4141 Geary Building will be relocating to other facilities, they are likely to relocate to other existing facilities with vacancies. Inasmuch as the precise future locations of these physician's offices are unknown, it would be speculative to undertake any analysis of the potential effects on the City's traffic pattern and streets. With implementation of appropriate mitigation measures discussed in Section 6.6.2 below, it is expected that none of the proposed development under the Five-Year Plan will adversely affect the land use patterns of the neighborhood.

#### 6.5.2 Transportation & Parking

##### A. Geary Campus

##### 1. Project Trip Generation Methodology

Employees,<sup>9</sup> inpatients/visitors, and outpatients have different trip generation characteristics.

##### a) Employee Trip Generation Rate

Kaiser projects an addition of 30 physicians by 1997 at the Geary Campus. A ratio of one physician to 3.2 outpatient support staff is required. This increase will generate an additional 96 support staff. Based on a daily rate of two trips per person, a total of 252 new daily trips will be generated.

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<sup>9</sup> Employees can be divided into the following categories: Physicians, Surrogates (Nurse Practitioners, Physician Assistants, and non-MD Psychiatry), Outpatient Support, and other support services.





b) Inpatient/Visitor Trip Generation Rate

The existing number of in-service beds is 228 at the Geary Campus. By the year 1997, the number of in-service beds would increase by 81 to 309 total beds. Based on San Francisco hospital studies, each in-service bed would generate 0.26 daily person trips and two visitors per patient per day. The additional 81 in-service beds will generate 183 inpatient/visitor trips per day.

c) Outpatient Trip Generation Rate

In the month of January 1991, the Medical Center had a total of 51,000 outpatient visits. Based on 22 average working days in the month of January, there are a total of 2,320 daily outpatient visits. Kaiser forecasts a membership growth of 1% per year<sup>10</sup> to the year 1997. The growth factor translates into an increase of 86 additional daily outpatient visits for the Geary Campus by the year 1997.

2. Person Trip Generation

As shown in Table 13, by 1997, 607 new daily person trips would be generated over the existing levels. Out of these trips, about 252 would be generated by staff and 355 generated by inpatients, outpatients, and visitors. Approximately 125 person trips would occur during the peak hour.

3. Travel Mode Split

Transportation mode splits for year 1997 are shown in Table 14 for the new AM and PM peak hour person trips generated by year 1997. Existing mode split characteristics were used for employees, outpatients/ inpatients, and visitors. With Kaiser's aggressive approach to TSM, greater shifts to ridesharing and public transit are likely.

4. Vehicle Trip Generation

About 82 vehicle trips would be generated during both AM and PM peak hours for year 1997. Out of these trips, 68 would be inbound and 14 outbound during the AM peak hour. During the PM peak hour the trips would be reversed, with 14 inbound and 68 outbound.

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<sup>10</sup> The 1% growth rate is the average growth rate experienced by Kaiser for the past decade.



TABLE 13  
GEARY CAMPUS

PROJECTED NET NEW PERSON TRIP GENERATION  
KAISER-PERMANENTE SAN FRANCISCO MEDICAL CENTER  
YEAR 1997

	<u>Year 1997</u>	<u>Daily Trip Rate</u>	<u>Daily Trips</u>	<u>AM Peak Hour<sup>1</sup></u>	<u>PM Peak Hour<sup>2</sup></u>
Physicians <sup>3</sup>	30	2	60	30 in	30 out
Non-Physician <sup>3</sup>	33	2	66	20 in <sup>4</sup>	20 out <sup>4</sup>
Other <sup>3</sup>	63	2	126	38 in <sup>4</sup>	38 out <sup>4</sup>
Inpatients	81	0.26	21	3 (2 in, 1 out)	3 (1 in, 2 out)
Inpatient Visitors	81	2	162	20 (10 in, 10 out)	20 (10 in, 10 out)
Outpatients	86	2	172	<u>14<sup>5</sup> (7 in, 7 out)</u>	<u>14 (7 in, 7 out)</u>
TOTAL			607	107 in, 18 out	18 in, 107 out

<sup>1</sup> 7:30-8:30 a.m.

<sup>2</sup> 4:30-5:30 p.m.

<sup>3</sup> Due to short lunch periods, on-site employee cafeterias, and timing of employee shift changes medical employees generally make only two trips per day. City of San Francisco, Kaiser-Permanente Medical Center San Francisco North Wing Addition and Parking Garage, DEIR, August, 1986.

<sup>4</sup> Trip increases do not include nurses. Nursing staff shift changes do not occur during the morning or evening peak commute hours.

<sup>5</sup> Outpatient trips based on an 8% peak hour rate.





TABLE 14  
GEARY CAMPUS  
PROJECTED MODE SPLIT FOR NET NEW PERSON TRIPS  
AM AND PM PEAK HOUR  
YEAR 1997

AM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/ INPATIENTS</u>	<u>VISITORS</u>	<u>TOTAL</u>
Auto (Drive Alone)	27 in	10 (5 in, 5 out)	16 (8 in, 8 out)	53
Rideshare	26 in	2 (1 in, 1 out)	1 (1 in, 0 out)	29
Transit	31 in	4 (2 in, 2 out)	3 (2 in, 1 out)	38
Other	<u>4 in</u>	<u>1 (1 in, 0 out)</u>	<u>----</u>	<u>5</u>
Total	88	17	20	125

PM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/ INPATIENTS</u>	<u>VISITORS</u>	<u>TOTAL</u>
Auto (Drive Alone)	27 in	10 (5 in, 5 out)	16 (8 in, 8 out)	53
Rideshare	26 in	2 (1 in, 1 out)	1 (0 in, 1 out)	29
Transit	31 in	4 (2 in, 2 out)	3 (1 in, 2 out)	38
Other	<u>4 in</u>	<u>1 (0 in, 1 out)</u>	<u>----</u>	<u>6</u>
Total	88	17	20	125



## 5. Street Network and Impacts

The cumulative effects of traffic and proposed project trips have been quantified. A 1% per year growth in background traffic, plus the Kaiser related increases, are projected for cumulative analysis. Intersection LOS would remain unchanged from existing levels, except for the Geary/Divisadero intersection. At this intersection during the AM peak hour, the operation would change from frequent back-up and delay to substantial delay and queuing of vehicles approaching the intersection. All other intersections would remain at existing operating levels.

The intersection experiencing the most congestion during the peak hours is Geary/Divisadero. Traffic increases at this intersection are the result of cumulative traffic increases, and not just from Kaiser related traffic. With Kaiser's aggressive TSM Program, the "drive alone" transportation mode has been decreasing since 1983. The addition of Kaiser traffic would only change volumes by 0.01-0.02% at any one location.

## 6. Transit Impacts

For the year 1997, the transit ridership associated with Kaiser employees, outpatient, and visitors would increase by 38 person trips during each peak hour. With 16 lines serving the project area, this would add approximately two (2) person trips to each line. This increase would not have a measurable effect on transit capacities, and would be within the daily fluctuation of MUNI ridership.

The MUNI Short-Range Transit Plan (October, 1993) sets forth services needed to accommodate future growth and changing transportation plans. In the face of a mounting budget deficit, MUNI is currently evaluating means of reducing service as shown in Table 15. Bus lines located around the Kaiser Medical facilities operating near capacity (Lines 38L, 1AX, 1BX, 31AX, 31BX) would be affected. Also affected are Lines 2, 4, and 43. MUNI projects a 2.4% increase in ridership per year over the next 10 years. However, the impacts of these ridership increases have not been desegregated on individual line by line basis. The overall net effect to Kaiser employees and visitors using these lines would be longer waits for public transit or the need to seek alternative transit.



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TABLE 15  
MUNI POTENTIAL SERVICE REDUCTIONS

<u>MUNI Line</u>	<u>Planned Changes</u>
1-California	End Service @ 12:30 AM
2-Clement	Eliminate all Service except weekday peak hours
4-Sutter	Increase Service hours weekday evenings and weekends
5-Fulton	Begin Owl Service @ 12:30 AM
21-Hayes	Discontinue west of Stanyan, end Service after 12:30 AM
24-Divisadero	Begin Owl Service @ 12:30 AM
31-Balboa	End Service @ 12:30 AM
33-Stanyan	End Service @ 12:30 AM
38-Geary	Begin Owl Service @ 12:30 AM
43-Masonic	End Service @ 12:30 AM
44-O'Shaughnessy	End Service @ 12:30 AM

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Source: San Francisco Municipal Railway, Short Range Transit Plan and Capital Improvement Program 1993-2002, October 15, 1993.





## 7. Parking Impacts

By year 1997, the 2130 O'Farrell Street Garage will be re-striped to increase the capacity from 550 spaces to 625 spaces. The garage is being re-striped to eliminate existing inefficient striping and increase supply for existing and future demand. The re-striping would increase the overall parking supply under the five-year plan by 6.9% and this would not affect overall TDM characteristics at the Geary Campus. The proposed seismic upgrade work to the 2190 O'Farrell Garage will not affect the number of parking spaces because structural upgrade will take place at the exterior of the Garage building. The parking spaces located at the leased facilities of 2260/2280 Geary Boulevard and 1635 Divisadero Street may not be available if the leased office spaces are not renewed. Therefore, the number of on-site parking spaces at the Medical Center would be 1,163 spaces in six separate facilities (see Figure 12).

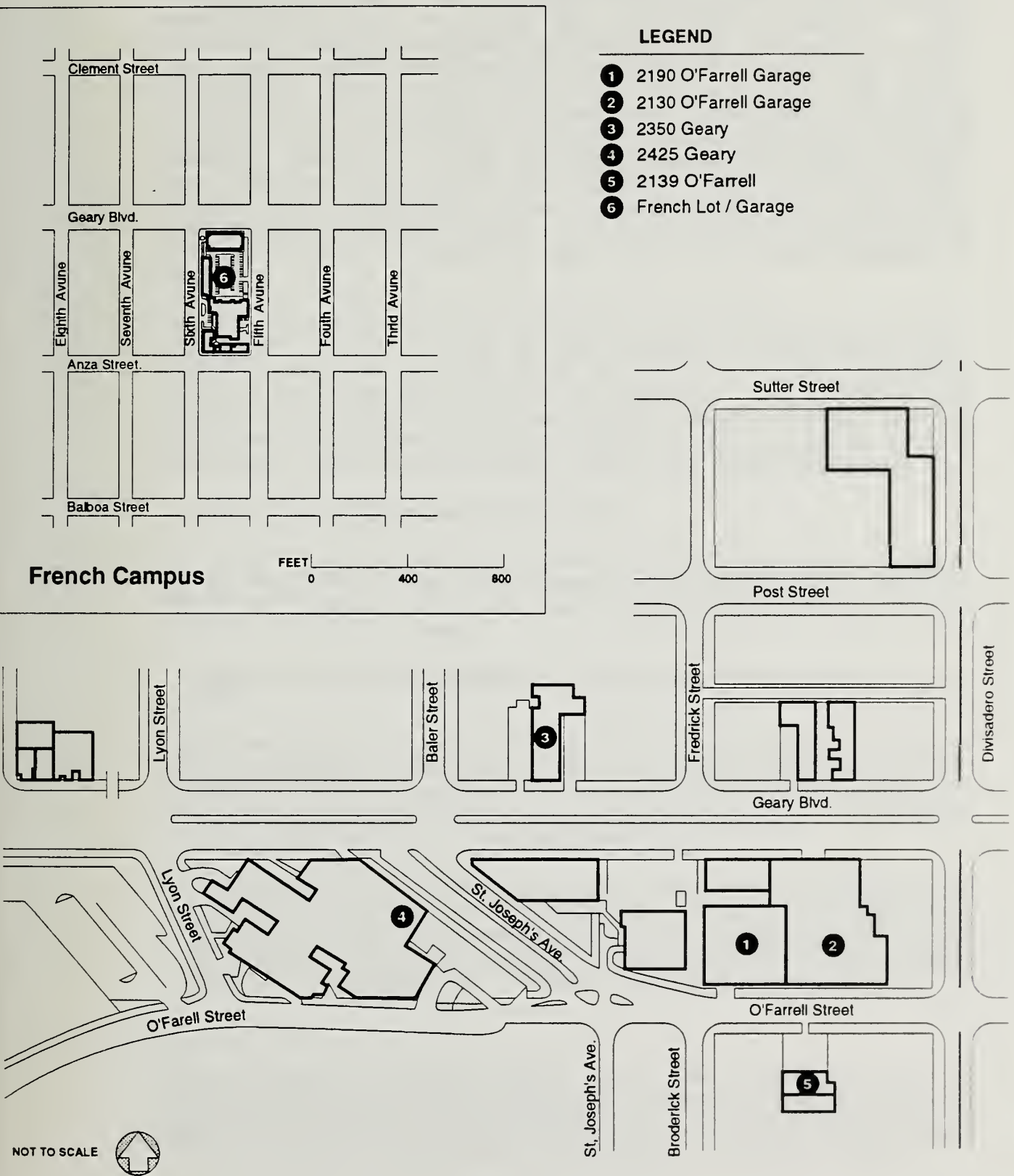
2190 O'Farrell Garage	=	486 spaces
2130 O'Farrell Garage	=	625 spaces
2425 Geary Lot	=	15 spaces
2350 Geary Lot	=	28 spaces
2139 O'Farrell Lot	=	<u>13 spaces</u>
Geary Campus Total	=	1,167 spaces

To calculate future parking demand, the net increase in staff, visitors, and outpatients for the year 1997 has been used. Future parking demand for 1997 has been calculated as follows:

- 126 average daily employees (represents new day- and swing-shift employees with overlapping parking demands)  
x 31% auto = 39 spaces;
- 126 average daily employees (represents new day- and swing-shift employees with overlapping parking demands)  
x 29% rideshare / 2.44 person per auto = 15 spaces;
- 86 new daily outpatients x 71% auto/6 turnovers = 10 spaces; and
- 81 new daily inpatient/visitors x 85% auto/4 turnovers = 17 spaces.



**Figure 12**  
**Five and Ten-Year Plan Parking Locations: Geary Campus**







Therefore, additional parking demand for year 1997 would be 81 parking spaces, with a total demand of 1,026 spaces. This would result in a surplus of 141 off-street parking spaces<sup>11</sup> in the vicinity of the Geary Campus. The projected surplus parking spaces will not be needed to meet the new demand created by the French Campus in 1997. Therefore, given the transit first policy of the City, Kaiser is not planning to construct additional off-street parking to accommodate the increased employee parking demand. However, if the Planning Commission requires that the Planning code off-street parking requirements be met, Kaiser is examining the possibility of accessing underground parking spaces in the new building proposed to be constructed adjacent to Geary Boulevard and Divisadero Street.

Kaiser has aggressively addressed circulation and transportation issues through its TSM Program by promoting ride-sharing and the use of mass transit. Kaiser provides shuttle services between the two Campuses, and the Transbay Terminal and BART stations during peak commute hours. These measures have been successful in shifting the travel mode away from driving alone, and will continue to do so.

#### 8. Truck Deliveries and Facilities

It is anticipated that the number of internal and external truck delivery trips would remain at the existing level at the Geary Campus, although the loading and unloading times may be slightly longer.

#### 9. TDM and Parking Strategies to Reduce Impacts of Five-Year Plan

Implementation of the Five-Year Plan would increase traffic on surrounding street and would increase demand for on-street parking around both the French and Geary Campuses. The following mitigation measures are proposed to alleviate traffic and on-street parking problems:

- Continue to encourage less auto dependence and increase emphasis on Kaiser's TSM Program to further increase the numbers of employees using public transit and ridesharing in excess of the goals set in the TSM plan. This program should be expanded to include the French Campus.

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<sup>11</sup> The total available off-street parking spaces at the Geary Campus will be 1,167, even if no additional off-street parking spaces are provided. Re-striping of the new garage would add 75 off-street parking spaces. 45 parking spaces at the St. Joseph lot, presently used for construction, will be eliminated by the proposed construction of a new outpatient service building. The 350 St. Joseph lot is not available in the future because of this potential building.



additional 34 in-service beds will generate 77 inpatient/visitor trips per day.

### (c) Outpatient Trip Generation Rate

In the month of January 1991, the Medical Center had a total of 51,000 outpatient visits. Based on 22 average working days in the month of January, there are a total of 2,320 daily outpatient visits. Kaiser forecasts a membership growth of 1% per year<sup>13</sup> to the year 1997. About 6.5% of the outpatient (six additional daily outpatient visits) would occur at the French Campus by the year 1997.

### 2. Person Trip Generation

As shown in Table 16, by 1997, 147 new daily person trips would be generated over the existing levels. About 58 trips would be generated by staff and 89 by inpatients, outpatients, and visitors. Approximately 30 person trips would occur during each of the peak hours.

### 3. Travel Mode Split

Transportation mode splits for year 1997 are shown in Table 17 for the 30 net new AM and PM peak hour person trips generated by year 1997. Existing mode split characteristics were used for employees, outpatients/inpatients, and visitors. With Kaiser's aggressive approach to TSM, greater shifts to ridesharing and public transit in the future is likely to continue.

### 4. Vehicle Trip Generation

About 16 vehicle trips would be generated during both AM and PM peak hours for year 1997. Out of these trips, 13 would be inbound and 3 outbound during the AM peak hours. During the PM peak hours the trips would be reversed, with 3 inbound and 13 outbound.

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<sup>13</sup> The 1% growth rate is the average growth rate experienced by Kaiser for the past decade.



TABLE 16  
FRENCH CAMPUS

PROJECTED NET NEW PERSON TRIP GENERATION  
KAISER-PERMANENTE SAN FRANCISCO MEDICAL CENTER  
YEAR 1997

	<u>Year 1997</u>	<u>Daily Trip Rate</u>	<u>Daily Trips</u>	<u>AM Peak Hour<sup>1</sup></u>	<u>PM Peak Hour<sup>2</sup></u>
Physicians <sup>3</sup>	7	2	14	7 in	7 out
Non-Physician <sup>3</sup>	8	2	16	5 in <sup>4</sup>	5 out <sup>4</sup>
Other <sup>3</sup>	14	2	28	8 in <sup>4</sup>	8 out <sup>4</sup>
Inpatients	34	0.26	9	1 (1 in, 0 out)	1 (0 in, 1 out)
Inpatient Visitors	34	2	68	8 (4 in, 4 out)	8 (4 in, 4 out)
Outpatients	6	2	12	<u>1<sup>5</sup>(1 in, 0 out)</u>	<u>1 (0 in, 1 out)</u>
TOTAL			147	26 in, 4 out	4 in, 26 out

<sup>1</sup> 7:30-8:30 a.m.

<sup>2</sup> 4:30-5:30 p.m.

<sup>3</sup> Due to short lunch periods, on-site employee cafeterias, and timing of employee shift changes medical employees generally make only two trips per day. City of San Francisco, Kaiser-Permanente Medical Center San Francisco North Wing Addition and Parking Garage, DEIR, August, 1986.

<sup>4</sup> Trip increases do not include nurses. Nursing staff shift changes do not occur during the morning or evening peak commute hours.

<sup>5</sup> Outpatient trips based on an 8% peak hour rate.





TABLE 17  
FRENCH CAMPUS

PROJECTED MODE SPLIT FOR NET NEW PERSON TRIPS  
AM AND PM PEAK HOUR  
YEAR 1997

AM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/ INPATIENTS</u>	<u>VISITORS</u>	<u>TOTAL</u>
Auto (Drive Alone)	6 in	1 (1 in, 0 out)	7 (4 in, 3 out)	14
Rideshare	6 in	-----	-----	6
Transit	7 in	1 (1 in, 0 out)	1 (1 in, 0 out)	9
Other	<u>1 in</u>	<u>-----</u>	<u>-----</u>	<u>1</u>
Total	20	2	8	30

PM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/ INPATIENTS</u>	<u>VISITORS</u>	<u>TOTAL</u>
Auto (Drive Alone)	6 out	1 (0 in, 1 out)	7 (3 in, 4 out)	14
Rideshare	6 out	-----	-----	6
Transit	7 out	1 (0 in, 1 out)	1 (0 in, 1 out)	9
Other	<u>1 out</u>	<u>-----</u>	<u>-----</u>	<u>1</u>
Total	20	2	8	30



## 5. Street Network and Impacts

The cumulative effects of traffic and proposed project trips have been quantified. A 1% per year growth in background traffic, plus the Kaiser related increases, are projected for cumulative analysis. Intersection operation would remain unchanged from existing levels, except for the Geary/Fifth intersection. During the AM peak hour, the operation would change from open to occasional delay of vehicles approaching the intersection, respectively. All other intersections during the AM and PM peak periods would remain at existing operating conditions.

## 6. Transit Impacts

For the year 1997, the transit ridership associated with Kaiser employees, outpatient, and visitors would increase by 9 person trips during each peak hour. With 16 lines serving the project area, this would add approximately 0.50 person trips to each line. This increase would not have a measurable effect on transit capacities, and would be within the daily fluctuation of MUNI ridership.

The MUNI Short-Range Transit Plan (October 1993) sets forth services needed to accommodate future growth and changing transportation plans. In the face of a mounting budget deficit, MUNI is currently evaluating means of reducing service. See Table 15 for MUNI lines that would be affected around the French Campus. The overall net effect to Kaiser employees and visitors using these lines would be longer waits for public transit or the need to seek alternative transit.

## 7. Parking Impacts

By year 1997, there would be 328 (net) on-site parking spaces at the French Campus (see Figure 12). This would include the existing 150 parking spaces under Kaiser's control plus 189 parking spaces that are presently leased to physician tenants at the 4141 Geary Medical Office Building. Planned construction of a new wing opposite the Pasteur Building (for outpatient clinic space) would decrease the overall number of parking spaces by 11 from 339 to 328.

To calculate future parking demand, the net increase in staff, visitors, and outpatients for the year 1997 has been used. Future parking demand for 1997 has been calculated as follows:





Campus, and expand the TSM Program to include the French Campus.

- Designate free carpool parking spaces at the French Campus Garage.
- Extend the duration for sale of the MUNI Fast-Pass from five (5) days per month to a longer period of time.
- Add an evening-shift for attendants so that the French Campus garage will be attended between the hours of 6:30 AM to 10:30 PM to alleviate on-street parking demand generated by visitors of inpatients and outpatient services during the evening hours when the garage is not currently open to the public.
- Publicize to Kaiser members the availability of off-street parking at the 2190 Geary Street Garage and shuttle service to the French Campus. Full utilization of these garages would reduce the on-street parking demand by patients and visitors to the French Campus.
- If MUNI decreases service on the lines serving the French Campus, review the Kaiser shuttle service routes and schedules to accommodate the MUNI riders that would be without convenient transit service.
- Construct a loading/unloading facility at French Campus in conjunction with Kaiser's expansion plan at this site. The loading facility could be constructed on the southwest portion of the Campus (off Anza Avenue) to avoid congestion along Geary Boulevard and to avoid conflicts with the on-site passenger zone, parking entrance, and traffic from the Police Station off Sixth Avenue.

#### 6.5.3 Air Quality

Traffic-generated emissions will be the only major source of air pollutants for the Five-Year Plan. No planned facilities would create or increase emissions of regulated materials, such as incinerators.

The projected increase of 98 daily vehicle trips during AM and PM peak hours is less than 1% of daily traffic at the Geary/Divisadero intersection. The Geary/Divisadero intersection will remain congested during peak hours through year 1997. This incremental increase in traffic, as a result of the Five-Year Plan, would not create a substantial increase in carbon monoxide (CO) emissions. Because current CO violations may exist in the vicinity of the Geary/Divisadero intersection, any increases in vehicle miles traveled (VMT), and CO



emissions from implementation of the Five-Year Plan, may further degrade local air quality. The Five-Year Plan will add to the cumulative effect on regional air quality, despite the relatively small increase in vehicle trips generated. Continuing shift of transportation mode to ridesharing or public transit may result in no increase or a net decrease in CO emissions.

During construction, the level of Total Suspended Particulate (TSP) will increase. Watering of the construction site twice a day and/or other dust control measures would mitigate this impact.

#### 6.5.4 Noise

New construction at both of the Campuses would temporarily increase the ambient noise level on the surrounding residential neighborhoods. However, because of the high ambient noise level along Geary Boulevard, noise was not considered to be significant and, thus, was not addressed in the 1987 Environmental Impact Report for the construction of the North Wing, and the 2130 O'Farrell Street Garage. A noise monitoring program for construction of the North Wing and the new parking garage conclusively demonstrated that with appropriate mitigation measures construction noise along the Geary Boulevard Corridor complied with the City's noise ordinance. Therefore, no noise impact is anticipated from either construction or from operation of the new facilities.

#### 6.5.5 Energy

The addition of 93,280 gsf of outpatient clinic space on the Campuses would increase the energy consumption in the form of fossil fuel and natural gas.

#### 6.5.6 Community Services

Implementation of the Five-Year Plan could create a less than significant demand for increased community services.

#### 6.5.7 Toxics

The transportation, use, storage and disposal of toxic materials at the French and Geary Campuses are governed by numerous State, federal and local statutes. The Medical Center complies with all pertinent regulations involving storage and disposal of toxic materials. Implementation of the Five-Year Development Plan would not cause any potential impact.





## 6.6 ALTERNATIVES

### 6.6.1 No Additional Development Alternative

This alternative would not allow renovation of the existing buildings nor expansion of the Medical Center. This would result in a continued and growing space deficit and overcrowding of the Medical Center, to the detriment of quality health care for Kaiser members.

### 6.6.2 Sites Under Consideration Not Owned By Kaiser

#### 1. Geary Campus

Kaiser is currently considering several sites owned by others within close proximity of the Geary Campus. Development of these sites by Kaiser, however, would not likely provide developments which alone meet the projected needs of Kaiser.

#### 2. French Campus

With the focus on meeting the needs within the boundaries of the French Campus, no alternative is under consideration by Kaiser for leasing or acquisition for a new medical outpatient building. Should construction to meet Kaiser's needs within the Campus boundaries prove to be infeasible, Section 5.4 outlines specific planning criteria to be used to select an appropriate site.

### 6.6.3 Smaller Outpatient Facilities

Development of new outpatient facilities with less square footage would have the following adverse consequences to the provision of outpatient care services:

- Kaiser would be unable to recruit the required number of additional physicians to lower the patient load of the existing physicians, resulting in long waiting periods for its members requiring routine medical care or non-emergency services, such as physical therapy;
- outpatient facilities would not meet Kaiser's operating standards, which might result in sharing of offices by physicians and/or overcrowding of supportive staff work areas.





## **7. DEVELOPMENT PLANS FOR THE NEXT TEN YEARS**

### **7.1 OVERVIEW**

Upon completion of the Five-Year Plan, Kaiser anticipates that it would be able to meet its projected inpatient bed demand. The changing health care needs of Kaiser's aging membership, and an increase in the number of cases involving tuberculosis and hepatitis, may lead to an increased demand for more inpatient services in the next ten years. The reserved floor at the Pasteur Building of the French Campus, with space for 30 more in-service beds, should meet any such unforeseeable inpatient demand.

In order to meet an anticipated deficit of 172,070 gsf for outpatient space after completion of the Five-Year Plan, the Medical Center would need to acquire or develop additional outpatient space.

### **7.2 PLANS FOR THE GEARY CAMPUS**

At the Geary Campus, the number of medical providers is expected to increase by approximately 48 physicians, raising the Five-Year Plan total of 262 to a ten-year goal of 310. This increase would enable the facility to serve 6,000 outpatients per day, with a total of 309 inpatient beds. To meet a projected demand for a total of 403,000 gsf of out-patient clinic space, Kaiser would need to complete construction of an additional 212,890 gsf of outpatient space, either on the Campus, or on satellite sites, or both, by the end of the Ten-Year Plan.

If Kaiser is to meet all of its projected outpatient space needs on Campus, new construction on the main Campus must be phased so that services to its members will not be interrupted. Therefore, Kaiser will need to lease outpatient clinic space as discussed in Sections 6.2.2 and 6.6.2 and 6.6.3. If Kaiser is unable to lease or acquire additional space, then the Geary Campus will have a deficit of 102,890 gsf by year 2002. If Kaiser determines to demolish 2200 O'Farrell Street Building, then the deficit could increase to 208,300 gsf, while a replacement building is being constructed.

### **7.3 PLANS FOR THE FRENCH CAMPUS**

Kaiser estimates that by year 2002, it would require an additional 25 physicians at the French Campus, bringing the total number of physicians to 99. This increase is necessary to fully implement this Campus as the Maternal/Child Care Center. This increase will allow the facility to serve 2,000 outpatients per day, with the number of inpatient beds remaining at 112.



In addition, Kaiser anticipates the need to construct a new building for its engineering and maintenance staff, as well as additional parking, and an off-street loading dock at the southwest corner of the Campus.

#### **7.4 CONFORMITY OF TEN-YEAR PLAN WITH THE SAN FRANCISCO MASTER PLAN**

See Section 6.4 for discussion on conformity with the San Francisco Master Plan.

#### **7.5 POTENTIAL ENVIRONMENTAL IMPACTS OF THE TEN-YEAR PLAN**

This impact analysis focuses on how the planned development may affect the neighborhood.

##### **7.5.1 Land Use**

The planned expansion will reinforce existing land uses and trends rather than introduce new uses. See Section 6.5.1 discussion on Land Use for the Five-Year Plan.

##### **7.5.2 Transportation and Parking**

#### **A. Geary Campus**

##### **1. Project Trip Generation Methodology**

The basis for projecting person trip generation and mode splits for the Geary Campus Ten-Year Plan are the same as that used to analyze year 1997. All of the person trips and vehicle trips discussed below are in addition to those projected for year 1997. Trip generation for year 2002 would be as follows:

- Employee Trip Generation Rate. The number of physicians would be increased by 48. The number of support staff would increase by 154.
- Inpatient/Visitor Generation Trips. There would be no increase in the number of beds for year 2002.
- Outpatient Generation Trips. The growth rate for outpatients would be an additional 5% yielding 90 outpatients.

##### **2. Person Trip Generation**

As shown in Table 18, about 584 additional net new daily person trips would be generated between the years 1997 and 2002. This would include 404 trips generated by staff, and 180 trips by outpatients. There would be no further





increase in inpatients or visitors. About 154 person trips would be generated during each peak hour.

3. Mode Split

Transportation mode splits for the year 2002 during AM and PM peak hours assumes no increase in use of transit and carpools, thereby stating a worst-case scenario.

4. Vehicle Trip Generation

Between the years 1997 and 2002, an additional 94 peak hour vehicle trips would be generated, with 89 inbound and five (5) outbound during the AM peak hours, and five (5) inbound and 89 outbound during the PM peak hours (see Table 19).

5. Street Network and Impacts

Projected intersection operation reflect a 1% annual growth in background traffic (between 1997 and 2002) plus the Kaiser related increases.

Intersection operation, compared to 1997 levels, would change at three (3) of the study locations from 1997 levels. The intersections of Geary/Baker/St. Joseph and Divisadero/ O'Farrell would change from open to occasional delay during the AM peak hours, and frequent delay to substantial delay and queuing at the intersection in the PM peak hours. The study intersection that will experience the most congestion would be Geary/Divisadero. During both the AM and PM peak hours, traffic operation would decline from long traffic delays in 1997, to operating at capacity in 2002 without the projected traffic, and would remain operating at capacity with projected trips.

6. Transit Impacts

Peak hour transit usage would increase by an additional 49 person trips for the year 2002. This would translate to about three (3) additional persons on each of the transit lines serving the Geary Campus during the peak hours. An increase of this magnitude would not be measurable.



TABLE 18  
GEARY CAMPUS  
PROJECTED NET NEW PERSON TRIP GENERATION  
KAISER-PERMANENTE SAN FRANCISCO MEDICAL CENTER  
FOR THE YEAR 2002

	<u>YEAR</u> <u>2002</u>	<u>DAILY</u> <u>TRIP RATE</u>	<u>TRIPS</u>	<u>AM</u> <u>PEAK HOUR</u> <sup>1</sup>	<u>PM</u> <u>PEAK HOUR</u> <sup>2</sup>
Physicians <sup>3</sup>	48	2	96	48 in	48 out
Non-Physician <sup>3</sup>	54	2	108	32 <sup>4</sup> in	32 <sup>4</sup> out
Other <sup>3</sup>	100	2	200	60 <sup>4</sup> in	60 <sup>4</sup> out
Inpatients	---	-	---	---	---
Inpatient Visitors	---	-	---	---	---
Outpatients	90	2	<u>180</u>	<u>14<sup>5</sup> (7 in, 7 out)</u>	<u>14 (7 in, 7 out)</u>
TOTAL			584	154 in, 7 out	7 in, 154 out

---

<sup>1</sup>7:30-8:30 a.m.

<sup>2</sup>4:30-5:30 p.m.

<sup>3</sup>Due to short lunch periods, on-site employee cafeterias, and timing of employee shift changes medical employees generally make only two trips per day within walking distance of the French and Geary Campuses. City of San Francisco, Kaiser-Permanente Medical Center San Francisco North Wing Addition and Parking Garage, DEIR, August, 1986.

<sup>4</sup>Staff increases do not include nurses. Nursing staff shift changes do not occur during the morning or evening peak commute hours.

<sup>5</sup>Outpatient trips based on an 8% peak hour rate.

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TABLE 19  
GEARY CAMPUS  
PROJECTED MODE SPLIT FOR NET NEW PERSON TRIPS  
AM AND PM PEAK HOUR  
FOR THE YEAR 2002

AM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/INPATIENTS</u>	<u>TOTAL</u>
Auto (Drive Alone)	43 in	8 (4 in, 4 out)	51
Rideshare	41 in	2 (1 in, 1 out)	43
Transit	49 in	4 (2 in, 2 out)	53
Other	<u>7 in</u>	<u>----</u>	<u>7</u>
Total	140	14	154

PM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/INPATIENTS</u>	<u>TOTAL</u>
Auto (Drive Alone)	43 out	8 (4 in, 4 out)	51
Rideshare	41 out	2 (1 in, 1 out)	43
Transit	49 out	4 (2 in, 2 out)	53
Other	<u>7 out</u>	<u>----</u>	<u>7</u>
Total	140	14	154

---





## 7. Parking Effects

If the 2190 O'Farrell Street Garage is retained and not redeveloped for outpatient services and, if no additional off-street parking spaces are constructed, the number of on-site parking spaces at the Medical Center would remain at 1,167 spaces in six (6) separate facilities. Year 2002 parking locations are shown in Figure 12.

2190 O'Farrell Garage	=	486 spaces
2130 O'Farrell Garage	=	625 spaces
2425 Geary Lot	=	15 spaces
2350 Geary Lot	=	28 spaces
2139 O'Farrell Lot	=	<u>13 spaces</u>

Geary Campus Total                   =1,167 spaces

If the 2190 O'Farrell Street Garage is demolished for redevelopment as outpatient services, the 486 spaces will be replaced below grade in the new proposed structure or structures. Additional off-street parking spaces required by the Planning Code or by the Planning Commission as conditions of approval would also be provided in the parking levels below grade. All additional off-street parking spaces would be managed as part of the TDM program.

Future parking demand for the year 2002 has been calculated as follows:

- 202 average daily employees (represents day- and swing-shift employees with overlapping parking demands) x 31% drive alone = 63 spaces.
- 202 average daily employees (represents day- and swing-shift employees with overlapping parking demands) x 29% rideshare / 2.44 persons per auto = 24 spaces.
- 116 daily outpatients x 71% auto / 6 turnovers = 14 spaces.

Total added parking demand would be 101 parking spaces. This would bring the total parking demand to 1,127 spaces for the Geary Campus in the year 2002. The total parking surplus is projected to be 40 parking spaces, providing all garage spaces are fully utilized. These surplus parking spaces could be used to off-set the projected deficit parking spaces at the French Campus.



8. TDM and Parking Strategies to Reduce Impacts of Ten-Year Plan

Implementation of the Ten-Year Plan would worsen the level of service at some nearby intersections, and would exacerbate demand for on-street parking around the Geary Campus. In addition to the mitigation measures proposed to alleviate traffic and on-street parking problems under the Five-Year Plan section, Kaiser may consider reallocation of the surplus parking spaces at the 2190 O'Farrell Street Garage, reserved for inpatient visitors and outpatients, for employees.

B. **French Campus**

1. Project Trip Generation Methodology

The basis for projecting person trip generation and mode splits for the French Campus Ten-Year Plan are the same as that used to analyze year 1997. All of the person trips and vehicle trips discussed below are in addition to those projected for year 1997. Trip generation for year 2002 would be as follows:

- Employee Trip Generation Rate. The number of physicians will be increased by 25. The number of support staff would increase by 80.
- Inpatient/Visitor Generation Trips. There would be no increase in the number of beds for year 2002.
- Outpatient Generation Trips. Kaiser projects that the French Campus would have an additional 26 daily outpatients.

2. Person Trip Generation

As shown in Table 20, about 262 additional net new daily person trips would be generated between the years 1997 and 2002. This would include 210 trips generated by staff, and 52 trips by outpatients. There would be no further increase in inpatients or inpatient visitors. About 77 new person trips would be generated during each peak hour.

3. Mode Split

As shown in Table 21, transportation mode splits for the year 2002 during AM and PM peak hours assumes no increase in use of transit and carpools, thereby stating a worst-case scenario.





TABLE 20  
FRENCH CAMPUS  
PROJECTED NET NEW PERSON TRIP GENERATION  
KAISER-PERMANENTE SAN FRANCISCO MEDICAL CENTER  
FOR THE YEAR 2002

	<u>YEAR</u> <u>2002</u>	<u>DAILY</u> <u>TRIP RATE</u>	<u>TRIPS</u>	<u>AM</u> <u>PEAK HOUR<sup>1</sup></u>	<u>PM</u> <u>PEAK HOUR<sup>2</sup></u>
Physicians <sup>3</sup>	25	2	50	25 in	25 out
Non-Physician <sup>3</sup>	28	2	56	17 <sup>4</sup> in	17 <sup>4</sup> out
Other <sup>3</sup>	52	2	104	31 <sup>4</sup> in	31 <sup>4</sup> out
Inpatients	---	-	---	---	---
Inpatient Visitors	---	-	---	---	---
Outpatients	26	2	<u>52</u>	<u>4<sup>5</sup> (2 in, 2 out)</u>	<u>4 (2 in, 2 out)</u>
TOTAL			262	75 in, 2 out	2 in, 75 out

---

<sup>1</sup>7:30-8:30 a.m.

<sup>2</sup>4:30-5:30 p.m.

<sup>3</sup>Due to short lunch periods, on-site employee cafeterias, and timing of employee shift changes medical employees generally make only two trips per day within walking distance of the French and Geary Campuses. City of San Francisco, Kaiser-Permanente Medical Center San Francisco North Wing Addition and Parking Garage, DEIR, August, 1986.

<sup>4</sup>Staff increases do not include nurses. Nursing staff shift changes do not occur during the morning or evening peak commute hours.

<sup>5</sup>Outpatient trips based on an 8% peak hour rate.



TABLE 21

## FRENCH CAMPUS

PROJECTED MODE SPLIT FOR NET NEW PERSON TRIPS  
AM AND PM PEAK HOUR  
FOR THE YEAR 2002

## AM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/INPATIENTS</u>	<u>TOTAL</u>
Auto (Drive Alone)	23 in	3 (2 in, 1 out)	26
Rideshare	21 in	-----	21
Transit	26 in	1 (1 in, 0 out)	27
Other	<u>3 in</u>	<u>-----</u>	<u>3</u>
Total	73	4	77

## PM PEAK HOUR

<u>MODE</u>	<u>EMPLOYEES</u>	<u>OUTPATIENTS/INPATIENTS</u>	<u>TOTAL</u>
Auto (Drive Alone)	23 out	3 (1 in, 2 out)	26
Rideshare	21 out	-----	21
Transit	26 out	1 (0 in, 1 out)	27
Other	<u>3 out</u>	<u>-----</u>	<u>3</u>
Total	73	4	77



#### 4. Vehicle Trip Generation

Between the years 1997 and 2002, an additional 47 peak hour vehicle trips would be generated, with 46 inbound and one (1) outbound during the AM peak hours, and one (1) inbound and 46 outbound during the PM peak hours.

#### 5. Street Network and Impacts

Projected intersection operation reflect a 1% annual growth in background traffic (between 1997 and 2002) plus the Kaiser related increases.

Intersection operation, compared to 1997 levels, would change at one (1) of the study locations from 1997 levels. The intersection of Geary/Sixth would change from open to occasional delay during the AM peak hours.

#### 6. Transit Impacts

Peak hour transit usage would increase by an additional 26 person trips for the year 2002. This would translate to about two (2) additional persons on each of the transit lines serving the Campus during the peak hours. An increase of this magnitude would not be measurable.

#### 7. Parking Effects

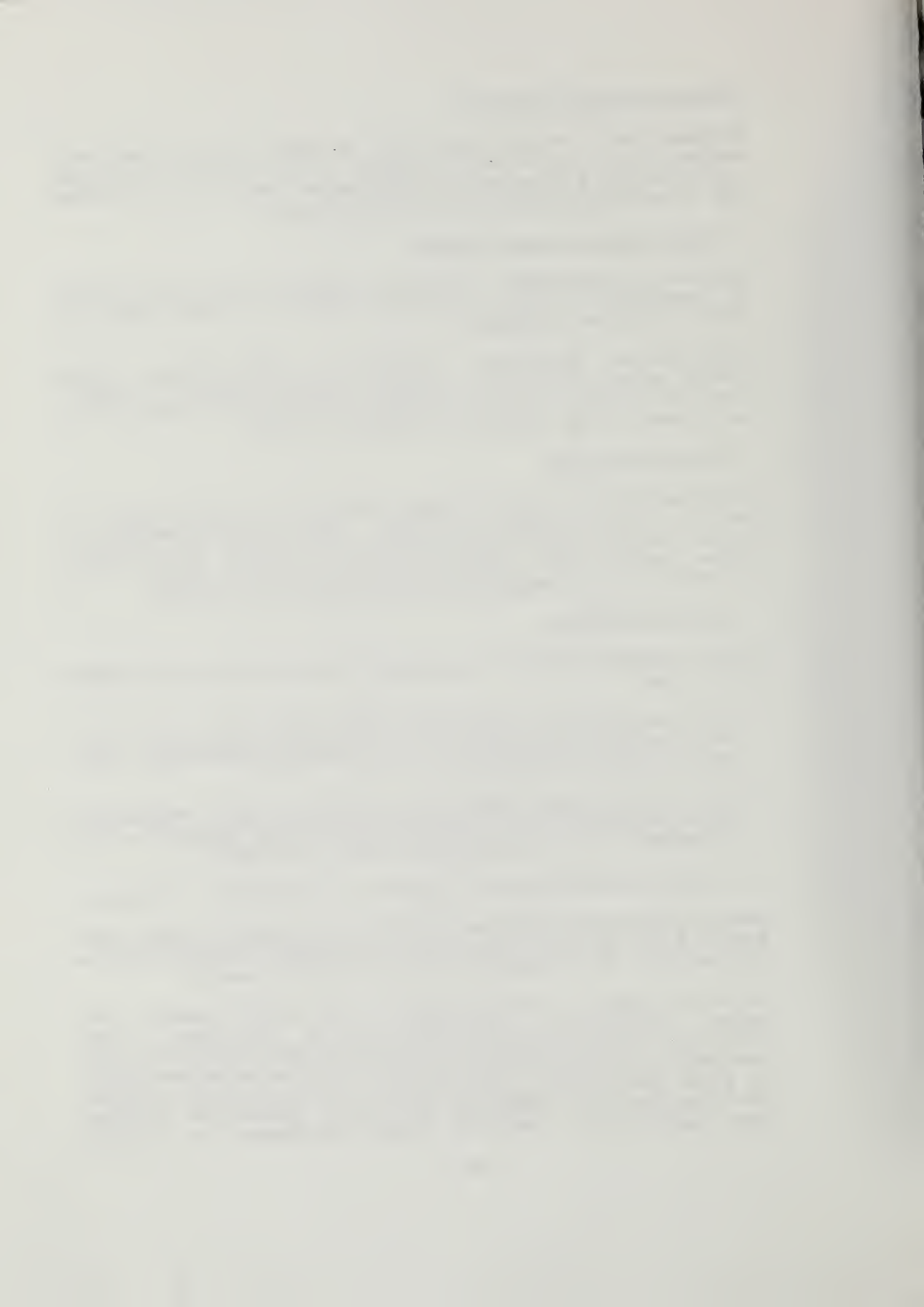
Future parking demand for the year 2002 has been calculated as follows:

- 105 average daily employees (represents day- and swing-shift employees with overlapping parking demands) x 31% drive alone = 33 spaces.
- 105 average daily employees (represents day- and swing-shift employees with overlapping parking demands) x 29% rideshare / 2.44 persons per auto = 12 spaces.
- 26 daily outpatients x 71% auto / 6 turnovers = 3 spaces.

Total added parking demand would be 48 parking spaces. The future total parking demand for the French Campus would be 351 spaces, for a projected deficit of 23 spaces.

If no new parking is provided for the French Campus, on-street parking is projected to be saturated (100% occupied). Cumulative parking deficits would aggravate the on-street parking problem with consequential adverse affect on local businesses and residents. The increased demand would extend the saturated on-street conditions further from each Campus, with a higher incidence of illegal





parking. The parking deficit would be met by new parking garages constructed in conjunction with new construction. In the alternative, the parking deficit could be met in whole or in part on the Geary Campus through the TDM program by assigning employee parking to the Geary Campus and utilizing the shuttle services to transport the employees to the French Campus.

Due to the location of the existing underground parking garage, the only location on-campus which could be redeveloped for a garage structure or for a new building with underground parking would be the corner of Anza Street and 6th Avenue.

#### 7.5.3 Air Quality Impacts

With only 125 additional vehicular trips during the AM and PM peak hours, the potential impact would be similar to that of the Five-Year Plan. See discussion in Section 6.5.3.

#### 7.5.4 Noise

Noise and other construction-related impacts would occur with any new construction or renovation of existing buildings. See discussion in Section 6.5.4.

#### 7.5.5 Energy

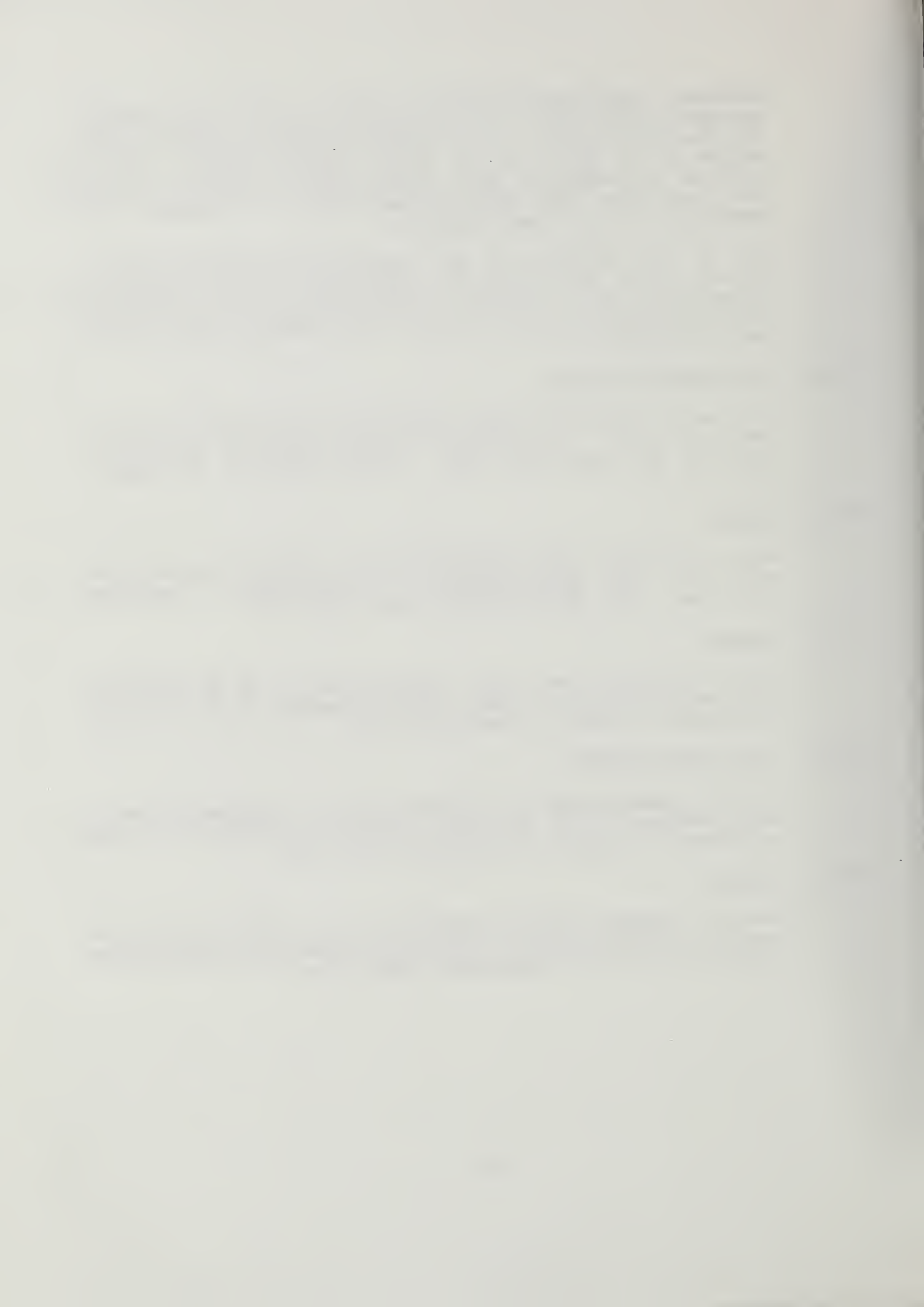
As with the Five Year Plan, implementation of the Ten-Year Plan would further increase energy consumption with similar consequence stated in Section 6.5.5.

#### 7.5.6 Community Services

For the reasons stated in Section 6.5.6, implementation of the Ten-Year Plan is not expected to result in any significant impacts on community services.

#### 7.5.7 Toxics

For the reasons stated in Section 6.5.7, implementation of the Ten-Year Plan is not expected to result in any impacts related to toxic or hazardous substances.



#### 7.5.8 Mitigation Measures

The same mitigation measures described for the Five-Year Plan in Section 6.5.2 would apply. These mitigation measures include continuing use and development of Kaiser's TSM Program. These efforts would lessen the potential adverse effects of additional traffic caused by implementation of the Ten-Year Plan.





## **8. GROWTH-INDUCING CONSEQUENCES OF KAISER'S DEVELOPMENT PLANS**

Population growth in San Francisco will be a function of factors totally unrelated to Kaiser. Existing businesses in the adjacent neighborhood commercial districts will be economically benefitted by increased employment at Kaiser. Both the Five-Year and Ten-Year Plans address the growing health service demands of San Francisco's residents. Given the geographic and regulatory restrictions on development in San Francisco, neither Plan is anticipated to have any growth inducing impact.

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## APPENDIX 1

### COMMUNITY TASK FORCE MEMBERSHIP

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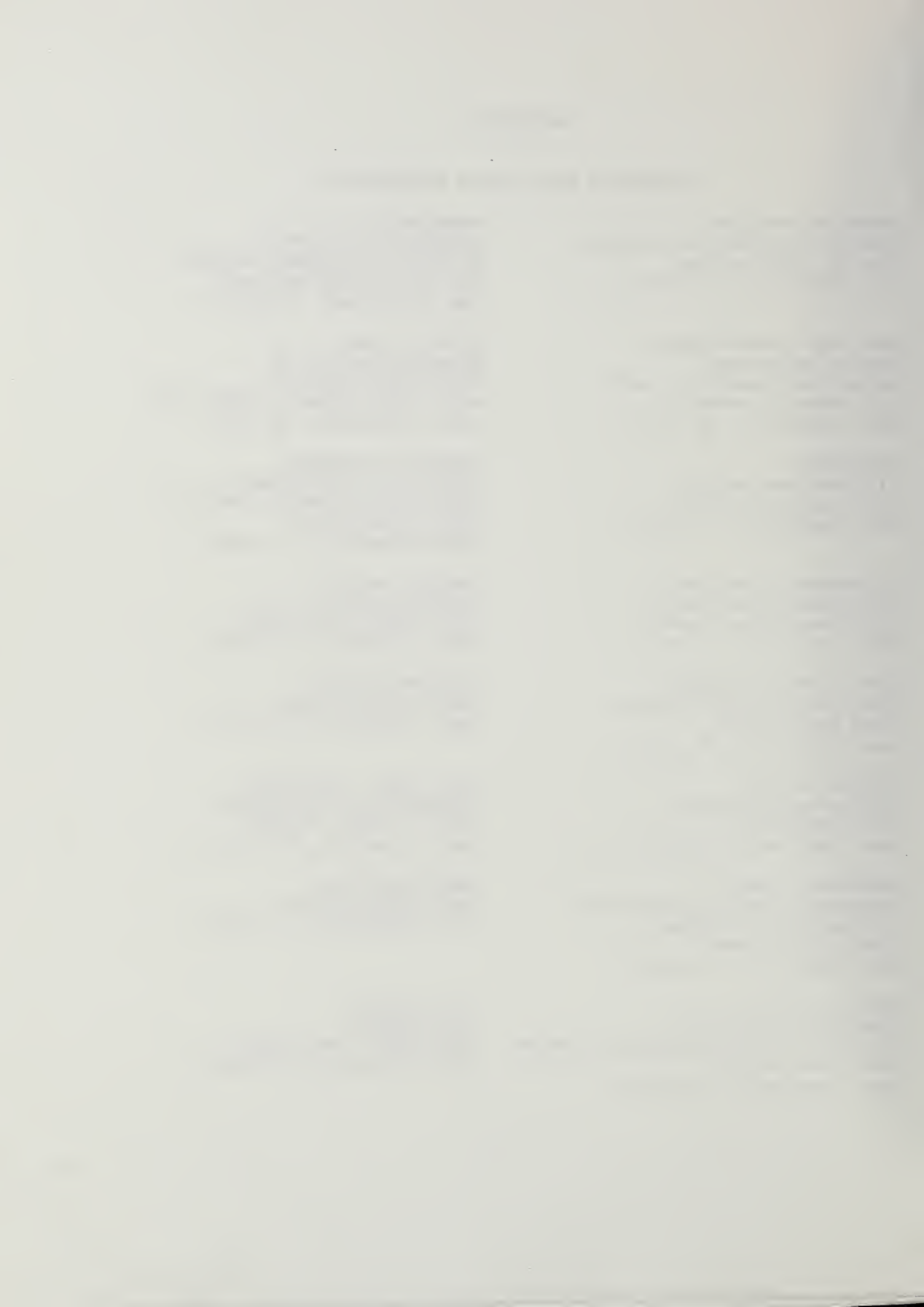
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APPENDIX 2  
HEALTH PLAN RATES



## 1994 BENEFIT AND RATE INFORMATION

BENEFITS	U PLAN	U PLAN WITH DRUG	Z PLAN WITH DRUG	V PLAN WITH DRUG
<b>In the Hospital</b>				
All physician and surgeon services	No charge	No charge	No charge	No charge
Room and board	No charge	No charge	No charge	No charge
Other necessary services & supplies	No charge	No charge	No charge	No charge
<b>In the Doctor's Office</b>				
Office visits include routine physical exams, hearing and eye exams (no age or visit limits)	\$15 per visit	\$15 per visit	\$10 per visit	\$5 per visit
Alcohol and drug dependency care	\$15 per visit	\$15 per visit	\$10 per visit	\$5 per visit
Emergency room visits	\$15 per visit	\$15 per visit	\$10 per visit	\$5 per visit
Physical therapy visits (short-term)	\$15 per visit	\$15 per visit	\$10 per visit	\$5 per visit
Routine well-baby visits (Age 0-2)	\$5 per visit	\$5 per visit	\$5 per visit	\$5 per visit
Allergy tests and injection visits	\$3 per visit	\$3 per visit	\$3 per visit	\$3 per visit
<b>Laboratory and X-ray</b>				
In or out of the hospital	No charge	No charge	No charge	No charge
<b>Maternity Care</b>				
Prenatal office visits	\$5 per visit	\$5 per visit	\$5 per visit	\$5 per visit
Hospital services	No charge	No charge	No charge	No charge
<b>Prescription Drugs</b>				
Up to a 34-day supply	Not covered	\$7	\$5	\$5
<b>Mental Health Care</b>				
Up to 20 visits per calendar year	\$20	\$20	\$20	\$20
Group therapy	\$10	\$10	\$10	\$10
<b>RATES</b>	Rates change effective January 1 of each year.			
Note: Dependent can be either a spouse or child.				
Employee only	\$133.05	\$143.33	\$149.12	\$154.56
Employee & one dependent	284.10	284.66	296.24	307.12
Employee & two or more dependents	350.60	377.94	393.34	407.81
Each child age 19-24 in families of 4 or more	65.53	70.76	73.56	76.28
<b>OPTICAL COVERAGE</b>	An optical coverage can be added to any of the plans shown above. The two optical plans to choose from are:			
<b>Optional Optical C Plan: \$35 frame allowance, contacts are not covered.</b>				
Employee only	\$134.51	\$144.79	\$150.58	\$156.02
Employee & one dependent	287.02	287.58	299.16	310.04
Employee & two or more dependents	354.48	381.82	397.22	411.69
Each child age 19-24 in families of 4 or more	66.26	71.40	74.29	77.01
<b>Optional Optical A Plan: \$80 frame allowance, contacts are covered.</b>				
Employee only	\$137.39	\$147.67	\$153.46	\$158.90
Employee & one dependent	272.78	293.34	304.92	315.80
Employee & two or more dependents	362.14	389.48	404.88	419.35
Each child age 19-24 in families of 4 or more	67.70	72.84	75.73	78.45

The above plans are Kaiser Foundation Health Plan contract options that are the most popular and affordable. Other plans and dental coverage are available. Also, we participate in The Health Insurance Plan of California (the HIPC). Contact your Kaiser Permanente Representative for details.





## ENROLLMENT REQUIREMENTS

To be eligible for a group plan, the following minimum criteria must be met (other criteria may apply):  
If you do not qualify as a group plan, ask us about our individual plans.

- A. A minimum of four <sup>3</sup>(4) active employees within the Kaiser Permanente Northern California Region's service area enroll. Note: Owners and partners may enroll, providing the criteria below are met; however, not more than 50% of enrollees may be owners or partners.
- B. Enrollees work a minimum of 20 hours per week.
- C. No more than 50% of those enrolling are related by blood or marriage.
- D. At least 70% of those eligible for coverage enroll in a health plan offered by your group.
- E. 75% of those enrolling must be covered by Workers' Compensation.
- F. The employer must contribute at least 50% of our monthly "employee only" rate, or the same amount paid to an alternate carrier, whichever is greater.
- G. A copy of your current DE-3 Form or current payroll records must be provided to verify employment of each enrollee.
- H. Credit worthiness must be established. (Kaiser Permanente will conduct a credit check.)
- I. Kaiser Foundation Health Plan must be offered to all eligible employees on conditions no less favorable than those for any alternate health care plan available through the group.
- J. There will be an annual "open enrollment" period when eligible employees and dependents, who are not enrolled in Kaiser Foundation Health Plan, are given an opportunity to do so.
- K. All members of a group have the same Kaiser Permanente benefits, including supplemental coverages. This also applies to dental coverage if offered in conjunction with Kaiser Foundation Health Plan coverage.

**NOTE:** Plans become effective on the first of any month. A check for the first month's charges must accompany completed enrollment materials submitted by the 10th of the month preceding the month of coverage. If the completed enrollment materials are submitted after the 10th of the month prior to the month of coverage, a check for two month's charges must be included. Depending on the outcome of the credit check, you may be required to submit a deposit equal ~~depending on the outcome of the credit check~~ to the first month's charges at the time of the submission of the completed enrollment materials

Kaiser Permanente is committed to providing small group plan coverage at affordable rates with as little as possible spent on administration. In fact, for each dollar in monthly charges received last year, for such coverage, over \$0.87 was spent on health care services.

The information on the reverse side is intended only as a general description of the Plan's benefits. It is not a contract. For additional benefit information or exclusions and limitations, please refer to the Plan's "Disclosure Form & Evidence of Coverage." Note: Refer to the "Disclosure Form & Evidence of Coverage" booklet for the member copayments applicable for out-of-plan emergencies.

